



THE NEW INDIA ASSURANCE EMPLOYEES'
CO-OPERATIVE THRIFT & CREDIT SOCIETY LTD
REGD. OFFICE : 453, Anna Salai, Fathima Akthar Court, CHENNAI – 600 018.
Phone : 044-24364335. E-mail : niaecs1959@gmail.com

APPLICATION FOR MEMBERSHIP SHARES

M.No.

1. Name in full : Mr./Mrs./Miss. : Email ID

2. Father's/Husband's Name :

3. Age. Date of Birth : Mobile/Phone No.

4. Designation :

5. Office No. Group No. S.R.No.

6. Salary : Basic Rs. D.A Rs. Gross Salary Rs. Net Salary Rs.

7. Date of Appointment Date of Confirmation Date of Retirement

8. a) Residential Address b) Permanent Address

9. Are you a member of any other Co-operative Society ?

10. NOMINATION

I hereby nominate the person / persons mentioned below to receive any amount that may be due to me from the society in the event of my death.

Name of the Nominee	Relationship	Age	Address

If at the time of payment, the nominee is a minor, I hereby appoint my nominee as
(relationship) of address
..... to receive the amount on his/her behalf.

11. Recommendations of 2 Members : We recommend the applicant as a fit and proper person to admitted as a member

Member No.	Name	RO/DO/BO	S.R.No.	Signature

SPECIMEN SIGNATURE :
Specimen Signature of the applicant 1.
2.

Signature of the Applicant

The above Specimen Signature attested

Place :

Date :

Signature of the Pay Disbursing Officer

AGREEMENT WITH THE SOCIETY

(Applicant Name and Address)

From

CHENNAI JURISDICTION ONLY

To

The Managing Director,
The New India Assurance Employees Cooperative
Thrift and Credit Society Limited, No.X-413,
453, Anna Salai, Teynampet, Chennai- 600 018.

Sir,

I S.R.No.....
have applied for admission as a member of the New India Assurance Employees Co-operative Thrift and Credit Society Limited No. X-413, Chennai hereby declare that the Bye-laws of the Society have been read by / to me and I accept the same as binding upon me, I hereby solemnly declare that all the information furnished by me in writing are true. If there be any false statement given by me I may be proceeded against under the Indian Penal Code. I agree to be bounded by them and by any subsequent additions, modifications and alterations to the said bye-laws. **I also hereby declare that I am not a member of any other Co-operative Credit Society.**

I agree for recovery of the installment of Share Capital, loans and other sums that may at any time and from time to time become due and payable by me to the society from any monthly salary through the office for the time being disbursing such salary. I herewith furnish an agreement authorising such officer as and when necessary, recoveries for the dues to the society from my salary.

I also give the Employer (i.e.) **The New India Assurance Company Limited** irrevocable power and authority to deduct every month from the monthly salary and other allowances earned by me during my employment in the service of the said Office all dues payable by me as a member of the New India Assurance Employees' Co-operative Thrift & Credit Society Limited, Chennai either by way of subscription, repayment of loan, penalty, guarantee, or otherwise and to pay the same to the said Society.

I further authorise that in the event of my discharge I resignation from the service I retirement /long absence due to illness I unsound mind I death accidental or otherwise I or on a written request by the Society, the entire amount due to the- Society be deducted from my wages I salary I Dearness Allowance I Bonus I Provident Fund I Pension I Gratuity J Termination Allowance or Unclaimed Dues etc., in respect of the above and be paid to the Society in a single installment.

I agree not to revoke or modify the agreements at any time or ask for any suspension of the recoveries except with the consent of the Board of Directors of the society.

Yours faithfully,

Place:

Signature of the Applicant

Date :

Under taking Letter to be given by the Company to the Society

(Respective offices address)

From

To

The Managing Director,
The New India Assurance Employees Cooperative
Thrift and Credit Society Limited, No.X-413,
453, Anna Salai, Teynampet, Chennai- 600 018.

Dear Sir,

We are furnishing the following details in the admission application received from the Permanent employee of our office who seeks Membership in your Society.

1. Name in full: Mr./ Mrs. I Miss.
2. Age, Date of Birth
3. Designation
4. Office No. Group No. S.R. No.
6. Date of Appointment Date of Confirmation Date of Retirement

We confirm that any amount due to your society from the above employee of our company who happens to be a member of your society, will be recovered from the salary and other amount payable by the company to the employee, in accordance with the agreement executed by the employee to the pay disbursing officer of the company, when demand is made by your society.

We have also confirm that the above mentioned employee is not a member of any other Cooperative Society.

Thanking you,

Yours Sincerely

(To be signed by respective Offices
In charge Name with Designation,
address and Seal)

SOCIETY COPY

From

CHENNAI JURISDICTION ONLY

To
**The Managing Director,
The New India Assurance Employee's Co-operative
Thrift & Credit Society Limited No.X-413,
Chennai.**

Dear Sir,

I..... S.R. No.....agree to installments of share Capital Loans or Loan and other sum (including sum payable as a Guarantor) pay all the dues that has and all other sums that may at any time and from time to time become due and payable by me to the society being recovered by the society from my monthly salary through the Officer for time being disbursing such salary. thereby furnish an agreement authorising such Officer to effect recoveries as and when necessary from my salary.

Place :

Signature of the Applicant

AGREEMENT WITH THE PAY DISBURSING OFFICER

From:

Through:

The Managing Director, The New India Assurance Employees Co-operative
Thrift & Credit Society Ltd.No: X-413, No; 453; Anna Salai, Chennai-18.

**To
The Chairman-cum-Managing Director,
The New India Assurance Company Ltd.,
Mahatma Gandhi Road, Fort,
Mumbai**

I, S.R. No :have applied for admission as a member of the New India Assurance Employees' Co-operative Thrift and Credit Society Ltd., No.X-413, hereby authorise you to recover all or any instalments of Share Capital, Loan or Loans, Thrift Deposits, or other sums that became due on account of me executing guarantor Deed and all other sums that may at any time and from time to time become due and payable by me to the society from monthly salary and pay such sum or sums to the said Society towards installment of share capital, loan or loans or other sums that may be due and payable by me to the society. I agree to accept as sufficient evidence of my liability a demand from the officer of the Society certified by him to be correct. I agree that, you make recoveries from my salary in the manner above mentioned till complete payment of all dues to the Society from me as a member or as a Guarantor. I shall not at any time ask for the suspension of the recovery except with the express consent of the Board of Directors of the Society.

If I am transferred "Out of the jurisdiction , I request and authorize yourself and the society to communicate to my new pay disbursing officer a copy of this Agreement authorizing him to make the recovery, there upon the pay disbursing officer shall effect recoveries according to the demand list sent to him by the Society or by yourself.

Place:

Date:

Signature of the Applicant

CONFIRMATION OF THE EMPLOYER

To
The Managing Director,
The New India Assurance Employee's Co-operative
Thrift & Credit Society Limited No.X-413,
Chennai

Sir,

We hereby agree as per the letter of authorization dated and the agreement dated..... Executed by Mr./ Mrs I Miss..... S.R. No : to deduct from the salary as long as the member is in our service every month the amount due to the Society as per the demand from the Society and remit the same to you.

Dy. General Manager
Chief Regional Manager
Sr.Divisional Manager / Branch Manager.
(Designation and RO I DO I Branch Seal),

CASH \ CHEQUE \ D.D

Rs.....

Received / Remitted on

FOR OFFICE USE ONLY

Date

The application form for Membership in Society received from Mr./ Mrs..... is forwarded for perusal and remarks.

1. Amount received Rs..... on
2. Date of confirmation of the individual.....

MANAGING DIRECTOR

REMARKS OF THE BOARD

Admission No. :

Date of Admission :

Board Resolution No. : Date.....

COMPANY COPY

From

To
**The Managing Director,
The New India Assurance Employee's Co-operative
Thrift & Credit Society Limited No.X-413,
Chennai.**

Dear Sir,

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Place :

Signature of the Applicant

AGREEMENT WITH THE PAY DISBURSING OFFICER

From :

Through:

The Managing Director, The New India Assurance Employees Co-operative
Thrift & Credit Society Ltd. No: X-413, No; 453, Anna Salai, Chennai-18.

To
**The Chairman-cum-Managing Director,
The New India Assurance Company Ltd.,
Mahatma Gandhi Road, Fort,
Mumbai**

1,..... S.R. No :.....have applied for admission as a member of the New India Assurance Employees' Co-operative Thrift and Credit Society Ltd., No.X-413, hereby authorise you to recover all or any instalments of Share Capital, Loan or Loans, Thrift Deposits, or other sums that become due on account of me executing guarantor Deed and all other sums that may at any time and from time to time become due and payable by me to the society from my monthly salary and pay such sum or sums to the said Society towards installment of share capital, loan or loans or other sums that may be due and payable by me to the society. I agree to accept as sufficient evidence of my liability a demand from the officer of the Society certified by him to be correct. I agree that, you make recoveries from my salary in the manner above mentioned till complete payment of all dues to the Society from me as a member or as a Guarantor. I shall not at any time ask for the suspension of the recovery except with the express consent of the Board of Directors of the Society.

If I am transferred out of the jurisdiction, I request and authorize yourself and the society to communicate to my new pay disbursing officer a copy of this Agreement authorizing him to make the recovery, thereupon the pay disbursing officer shall effect recoveries according to the demand list sent to him by the Society or by yourself.

Place :

Date :

CONFIRMATION OF THE EMPLOYER

Signature of the Applicant

To
**The Managing Director,
The New India Assurance Employee's Co-operative
Thrift & Credit Society Limited No.X-413
Chennai.**

Sir,

We hereby agree as per the letter of authorization dated and the agreement dated.....
Executed by Mr. I Mrs I Miss. _..... S.R. No : to deduct from the salary as long as the member is in our service every month the amount due to the Society as per the demand from the Society and remit the same to you.

Dy. General Manager
Chief Regional Manager
Sr.Divisional Manager I Branch Manager.
(Designation and RO I DO I Branch Seal)