

Date: ...../...../.....

Branch: .....

To  
 The Shares Department,  
 TJSB House, Plot No. 5 B,  
 Wagle Estate, Thane (W) 400 604  
 Tel: 2587 8500

<p><b>1. Member's Name</b> Full</p>	<p>Mr./Mrs/Ms.._____</p> <p>_____</p> <p>Membership No. _____ Member Since _____</p> <p>No.of Shares _____</p>
<p><b>2. Residential Address</b></p>	<p>_____</p> <p>_____ Pin Code. _____</p> <p>_____ Tel. No. _____</p> <p>Mobile No. _____</p>
<p><b>3. Shareholder's Scheme</b></p>	<p><input type="checkbox"/> Sabhasad Kalyan Nidhi (Medical/Education)</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Free Medical Check-Up/ Reimbursement</p> <p><input type="checkbox"/> Financial Assistance For Medical Test /Treatment/ Operations</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Sadichha Bhet (70<sup>th</sup> Birthday /Wedding Occasion)</p>

	<input type="checkbox"/>	Shraddha Nidhi
4. Amount Applied For		Amount: ₹. _____

I hereby declare that the above statements are true. I request you to sanction me the reimbursement to the extent permissible under the scheme. Please credit the proceeds to my Saving A/c.No. \_\_\_\_\_ at \_\_\_\_\_ Branch or arrange to send me your Pay Order at the earliest. I am enclosing following documents. (Please Tick)

- a. Age Proof: - Birth Certificates / Passport / Election Card / Ration Card etc.
- b. Membership: Xerox copy of certificates.
- c. Original Bill/Receipt for Hospitalisation from any other approved Centre.
- d. In case of Financial help for Higher Educational Purpose i.e. Recognised Professional Courses
  - i. Income Certificate
  - ii. Xerox copy of Fees Receipt (Recognised Professional Institutes only)

Yours Faithfully

Signature of the Member/s.

FOR BRANCH USE ONLY

Recommended By

Asst. Manager/Branch Manager

FOR SHARES DEPARTMENT USE ONLY

Date of Receipt \_\_\_/\_\_\_/\_\_\_

Being eligible as per scrutiny, we recommend the above case for assistance of ₹. \_\_\_\_\_ under Members Welfare Fund Scheme for Financial Assistance towards Medical treatment undergone for Medical Treatment/ Sadichha Bhet / Shraddha Nidhi / Free Medical Check-up / Education Purpose.

DATE OF BIRTH OF MEMBER :

MEMBER SINCE :

HOLDINGS :

RECOMMENDED

Manager  
Shares Department

APPROVED/REJECTED

AGM/DGM/GM/CGM/MD & CEO

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