Bond No. ..... Date of Payment. ..... Membership No. .....

JAN DHAN SANGRAH CO-OPERATIVE (U) THRIFT & CREDIT SOCIETY LTD.

(Registered under Delhi Co-Operative Society Act, 2003 vide Regn. No. 10793/Sec-III/T/C/2021 on dated 24.02.2023.)

Regd. Office:- B-62/3, Jaitpur Extn, Part-1, Near Gyan Mandir, Badarpur, Delhi-110044

Ph.: .....

EMERGENCY LOAN APPLICATION FORM

Colour Photograph 35 x 35 mm.

Dated ..... Branch : .....

To

The Secretary / President,

Dear Sir,

Kindly grant me a Loan of Rs. ..... (Rupees .....)(As an Emergency Loan) to be repaid in .....10..... monthly instalments subject to the Rules & Bye-laws of the Society, read with the provisions of Delhi Co-operative Societies Act 2003, & N.I. Act, as amended till date, and any subsequent modifications thereto and hereby agree to abide by them. My full particulars are as under :-

1. Name (in Full and Block Letters) ..... Membership No. .....
2. Father's / Husband's Name .....
3. Date of Birth ..... 4. Age ..... 5. Occupation ..... 6. Monthly Income .....
7. Present / Correspondence Address .....
.....
8. Permanent Address . .....
.....
9. PAN No. ☐☐☐☐☐☐☐☐☐☐ Aadhar No. ☐☐☐☐☐☐☐☐☐☐☐☐ Own House Property : Yes ☐ No ☐
10. Mobile No. .... Whatsapp No. .....E-Mail.....
11. Name & Address of the Employer of Business .....
.....Office Tel. No. .....
12. Details of Movable / Immovable Property held .....
.....
13. Details of Life Insurance / P.A. Police held..... .....
14. **Details of Bank Account :** Account No. ..... Name of Bank .....
Address of bank Branch .....IFSC Code.....
15. **PURPOSE FOR WHICH THE LOAN IS REQUIRED** .....

I here by also agree, if the above Loan is sanctioned, to deposit the following amounts with the society before receiving the Loan Amount :-

(i) Share Money for an emergency loan minimum Rs. ...../-

(ii) C.D. Rs. ...../-

(iii) Kalyan Fund :-

Emer. Loan Rs. ...../- Kalyan Fund Rs. ...../-	Emer. Loan Rs. ...../- Kalyan Fund Rs. ...../-

I hereby nominate the following person to whom all money due to me by the Society or payable by me to the Society in the event to my death may be paid or recovered as the case may be, as land revenue :

Name of the Nominee ..... Relationship wih yourself ..... Age .....

Occupation .....

Address .....

Mobile No. ..... E-MAIL .....

Nomination Accepted

Yours faithfully,

.....
(Signature of Nominee)

.....
(Signature of Applicant)