

प्रति,
अध्यक्ष महोदय,
स्टेट बैंक ऑफ इंडिया (भोपाल सर्कल),
अधिकारी सहकारी साख समिति मर्या,
C/O भारतीय स्टेट बैंक ऑफ इंडिया,
स्थानीय प्रधान कार्यालय,
मध्य तल, होशंगाबाद रोड,
भोपाल ।

विषय :- स्व. श्रीमती/श्री , सदस्यता कं.....
भविष्य निधि. कं..... विषयक ।

निवेदन है कि मेरे पति/पत्नि स्व. श्रीमती/श्री भारतीय स्टेट बैंक
की शाखा में पदस्थ थे । जिनका निधन दिनांक
..... को हो गया है । जिसका मृत्यु प्रमाण पत्र संलग्न है ।

महोदय, स्व. श्रीमती/श्री के परिवार कल्याण जमा राशि,
अंश राशि तथा क्षतिपूर्ति राशि का भुगतान करने की कृपा करें । उपरोक्त राशि मेरे बचत
खाता कं..... में जमा करने की व्यवस्था करे ।

मोबाइल नं.....
पता.....
.....
.....

धन्यवाद

प्रार्थी

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UNDERTAKING

To,
The President,
State Bank of India (Bhopal Circle)
Adhikari Sahakari Sakh Samiti Maryadit,
Mezanine Floor,
Narmadapuram Road,
Bhopal (M.P.)

Date :-

Dear Sir,

UNDERTAKING FOR NON-POSSESSION OF SHARE CERTIFICATE.

Membership closure request from SBI Adhikari Sahakari Sakh Samiti Maryadit, Bhopal

P.F. No _____ ,

MEMBERSHIP NO-_____

With reference to the captioned subject I would like to inform you that, I have applied for Retirement/termination of my membership from SBI Adhikari Sahakari Sakh Samiti Maryadit, Bhopal due to _____ reason.

As advised I am supposed to submit the original Share certificate but I regret to state that I have lost my original share certificate or as I never received. However give my undertaking that I shall never make any claim past.

Please consider my undertaking and do the needful at your end.

Thanking you and regards,

SIGNATURE

NAME _____

BRANCH _____

BRANCH CODE _____

MOBILE NO- _____



State Bank Of India (Bhopal Circle) Adhikari Sahakari Sakh Samiti
Maryadit, Bhopal (A Multi State Cooperative Society) Regd. No.
MSCS/CR/132/2001

STATE BANK LHO BUILDING, BHOPAL

Received from Presient State Bank Of India (Bhopal Circle)

Adhikari Sahakari Sakh Maryadit, Bhopal A Sum Of Rs

(Rupess.....)

Being the amount Depostied by me under

.....

Recommended for Payment

Member Singnatue

Rs

Manager

Name

Place:Bhopal

Sanctioned & passed for
Payment

Designation

Paid in Cash/Cheque

Date.....

President/Vice Presient