

HANDLOOM WEAVERS

CO-OPERATIVE PRODUCTION AND SALE SOCIETY LTD.,

FORM II
(VIDE RULE NO.9)

Form of application by the Member for admission as subscriber under Co-operative Handloom Weavers Savings and Security Schemes.

1. Membership No. and Name :
2. Father's/Husband's Name :
3. Full Address :
4. Date of birth and Age :
5. Date of admission as member
Of the society :
6. Share capital amounts to the credit
Of member :
7. Amount to your Credit on the
Date of Your application in
(a) Contributory Thrift Fund :

(b) General Thrift fund account if the
Member is not covered by CTF
Scheme. :
8. State whether you are agreeable to
Transfer the amounts indicated against
Col (7) to your fined account under
Handloom Weavers Savings Security
Scheme :
9. State whether you have any serious
Illness or conterminous disease at present
Or at any time in your life and if so
Furnish details :

Place:

Date:

DECLARATION

- I _____ undersigned do hereby declare that
1. This entries in the application form are correct to the best of my knowledge.
 2. I accept the Rules of the Scheme and agree to abide by them.
 3. I have made a nomination in the prescribed form.
 4. I am hale and healthy and I or my parents or any other family members
Have or had at any time any contagious diseases

Place:

Date:

Signature of the Member.

HANDLOOM WEAVERS
CO-OPERATIVE PRODUCTION AND SALE SOCIETY LTD.,
FORM III
(VIDE RULE NO.19 (1))
FORM OF NOMINATION

A When the subscriber has a family and Whishes to nominate one or more person thereof:

I hereby nominate the person/ persons mentioned below. We is /are a member /members of my family to receive the amount that may stand to my credit in the Fund, in the event of my death before the amount has become payable or having become payable has not been paid and also the insured amount and direct that she said amounts shall be paid to the person / distributed among the said persons as indicated below:

Name and address of nominee/nominees	Relationship with subscriber	Age	Share of accumulations to be paid to each	Share of insured amount to be paid each	Contingencies on The happening of which nomination shall become in valid	Name &address & relationship of the person , if any to whom the right of the nominee shall pass in the event of his preceding the subscriber
1	2	3	4	5	6	7

Dated.....day of20 at

Two witnesses to signature:

signature of the subscribers.

- 1.
- 2.

**HANDLOOM WEAVERS
CO-OPERATIVE PRODUCTION AND SALE SOCIETY LTD.,**

FORM III

(VIDE RULE NO.19 (1))

FORM OF NOMINATION

B) When the subscriber has no family and Whishes to nominate one or more person thereof:

I having no family, hereby nominate the person / persons contained below to receive the amount that my stand below to receive the amount that my stand to my credit in the Fund. In the event of any death before the amount has become payable or having become payable has not been paid and direct that the said amount shall be paid to the person.

Indicate below			Distributed among the said persons as			
Name and address of nominee/nominees	Relationship with subscriber	Age	Share of accumulations to be paid to each	Share of the - insured amount to be paid each	Contingencies on the happening of which the nomination shall become invalid	Name and address relationship of the person , if any to whom the right of the nominee shall pass in the event of his predeceasing the subscriber
1	2	3	4	5	6	7

Dated.....day of20 at

Two witnesses to signature:

signature of the subscribers.

1.

2.