## \_\_\_\_\_HANDLOOM WEAVERS CO-OPERATIVE PRODUCTION AND SALE SOCIETY LTD.,

## FORM II

## (VIDE RULE NO.8)

Form of application by the Member for admission to the Tamilnadu Co-operative Handloom

	Weavers Family Pen	sion 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 amount to the credit Of members	:	
7.	Amount to the Credit of the Members in (a) Contributory Thrift Fund	:	
	<ul><li>(b) General Thrift fund account if the Member is not covered by CTF Scheme.</li><li>(c) Fund account under savings and security</li></ul>	:	
8.	Scheme. State whether you are agreeable to Your future thrift subscribtions to the new Fund account under the pension scheme	:	
9.	: State whether you have any serious Illness or contineous disease at present Or at any time in your life and if so Furnish details	:	
Place: Date:	DECLARAT	JON	
	DECLARAT	ION	
I	undersigned do hereby declare	that the above	
1. 2. 3. 4.	This entries in the application form are correct to the best of my knowledge. I accept the Rules of the Scheme and agree to abide by them. I have made a nomination in the prescribed form. 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**

FORM OF NOMINATION (VIDE RULE NO.11)

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

I do hereby nominate the person/ persons mentioned bow. Who is /are a member /members of my family to receive the amount of family pension after my death:

1	Name and address of nominee/nominees
2	Relationship with subscriber
3	Age and date of birth
4	Share of family pension to be paid to each
5	Contingencies under which the nomination shall become invalid
6	Name &address & relationship of the person , if any to whom the right of the nominee shall pass in the event of his preceding the member
7	Name &address of the nominee with relationship of the member, who will in herit the right the right to get the pension incase of death of the nominee members found in Column (1) for the remaining period of pension (vide Rule 11 (2)

Dated2015 at	
Signature of Two witnesses:	signature of the subscribers.
1.	

2.

# CO-OPERATIVE PRODUCTION AND SALE SOCIETY LTD.,

### (B) When the subscriber has No family and Whishes to nominate one or more person:

valid.

2.

having no family do hearby nominate the person/ persons indicated below to receive the family pension after my death. In the event of my acquiring a family subsequently, I shall make a fresh nomination and the nomination now made shall cease to be

1	Name and address of the nominee/nominees
2	Relationship to the member
3	Age and date of birth
4	Share of family pension to be paid to each
5	Contingencies on the happening of which the nomination shall become invalid
6	Name and address of the person if any to whom the right of nominee shall pass in the event of his predeceasing the member

Dated thisday of20	at	
Signature of Two witnesses:		signature of the subscribers.
1.		

# <u>FORM – IV</u> VIDE RULE – 13

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1.	Name of the Nominee	:	
2.	Name of the deceased member and the		
	relationship of each nominee to the	:	
	deceased member		
3.	Age and date of birth of each nominee	:	
4.	Full address of each nominee	:	
5.	Date of nomination and date of registration		
	of nomination if the books of the society	:	
6.	Date of death of the Member covered by the		
	scheme.	:	
7.	Amount of Family Pension Claimed by each		
	nominee	:	
8.	Name of BANK in which each nominee has		
	opened Savings Bank Account with S.B. A/c		
	No. in each case	:	

### **DECLARATION**

I declare that the above particulars and true to the best of my knowledge. I undertake to refund the amount received by me as family pension in cases if it comes to right that my claims are not genuine.

DATE: .04.2021

PLACE: RASIPURAM Signature of the Nominee.

#### **EXPLANATION:**

Similar particulars with legal heir certificate shall be furnished by legal heirs if no valid nomination subsistion on the death of the member.