

FORM II

**APPLICATION BY THE MEMBERS FOR ADMISSION TO THE TAMIL NADU
CO-OPERATIVE HANDLOOM WEAVERS OLD AGE PENSION SCHEME - 1997**

1. Membership Number and Name :
2. Father's / Husband's Name :
3. Full Postal address :
4. Date of Birth and Age :
5. Date of Admission as a Member of the Society :
6. Date of Admission as a Member of the Savings and Security Scheme :
7. Share Capital amount to the Credit of the Members :
8. Amount available to the credit of the Members in (as per the date of Application) funds account under Savings and security scheme :
 1. Members Contribution A/c :
 2. State Govt Contribution A/c :
 3. Interest A/c :
 4. Central Govt. Contribution A/c :

Signature of member.

DECLARATION

1. I, _____ the undersigned do hereby declare that the above entries in the application form are correct
2. I accept the rules of the scheme and agree to abide by them.

Place: Rasipuram
Date :

Signature of member.

WITNESS:

- 1.
- 2.

FROM III

(VIDE SUB RULE 2 OF RULE - II)

FORM OF THE APPLICATION FOR CLAIMING PAYMENT OF OLD AGE PENSION

1. Name of the member :
2. Age and date of Birth :

3. Full Address :

4. Date of Admission of the member
concerned by the Scheme :

5. Amount Old age pension claimed :

6. Name / Name of the Post Office
in which the ,member has opened
the A/c : Savings A/c No

DECLARATION

I declare that the above particulars are true to the best of my knowledge. I undertake to refund the amount received by me as old age pension. In case if it comes to light that my claim are not genuine.

PLACE :

DATE :

SIGNATURE OF THE MEMBER

WITNESS:

- 1.
- 2.