

**AOUCB BENEFIT FUND**

Price Re 1/-

SI. No. BF/ **1718**

( Registered under Indian Trust Act. )

**APPLICATION FOR LOAN**

Date :

Account Position as on

The Secretary,  
AOUCB BENEFIT FUND  
10, B. T. M. Sarani  
Calcutta-700 001

Benefit Fund	:
Membership No.	
Total Deposit	:
under Unit	
Balance of existing	:
loan, if any	

I beg to apply for a loan of Rs ..... Rs ) ..... ) and do hereby solemnly affirm the undernoted information about my position as being absolutely correct and true. I do undertake to intimate you forthwith of any change in following particulars failing which, if any default in payment of instalment, interest overdue interest occurs, for any reason whatsoever. the dues so accrues / to be accrued will be paid by me immediately on demand from the Benefit Fund. I furnish below my particulars :

1. Name in full..... P. F. No.....  
( in Block Letters )
2. Father's/Husband's Name.....
3. Present Address.....
4. Permanent Address.....
5. Branch with Address.....
6. Date of Appointment ..... 7. Date of Retirement.....
8. Designation..... 9. Age ..... 10. Purpose of Loan.....
11. Salary Position: ( Last drawn ) / .....  
 a) Basic Pay Rs.                      b) Spl. Allowance Rs.                      c) D. A. Rs.  
 d) H. R. A. Rs                              e) C. C. A. Rs.                              f) Any other Allowance Rs.  
 g) Total Rs.                                  h) Net Take Home Pay Rs.
12. Any other relevant information.....
13. I hereby authorise you to realise my earlier loan outstanding including interest, if any, from the amount of loan applied for.
14. I hereby authorise you to deduct any sum towards penal interest/penalty for any default in payment of instalment.

Yours faithfully,

above particulars from 1 to 9 & 11 above and Signature of the applicant verified. AOUCB Benefit Fund loan instalment / interest have been recovered from the Salary of the above officer and remitted regularly.

( Signature of the applicant )

Manager/Officer with Seal and Designation

We are prepared to be sureties for the above loan to be sanctioned by the Benefit Fund to Shri..... and to be jointly and severally liable ( 1 ) for its repayment with interest and any cost incurred in collection and ( 2 ) for its employment in accordance with the purpose mentioned by the applicant.

Name ( in block letters )	P, F. No.	Benefit Fund Membership No.	Branch/Office	Signature
.....	.....	.....	.....	.....

1.

2.

If the instalment is not credited in the loan account within the stipulated period overdue interest as may be decided by the Benefit Fund to be charged for the default period.

Recommended/Not Recommended because

for AOUCB  
Zonal Secretary

.....Zone

Chairman/Vice-Chairman/Secretary  
AOUCB Benefit Fund

( For Office use only )

Total Deposit under unit : The loan of Rs.....sanctioned on.....with monthly

Loan due to the Fund : Instalment of Rs.....with interest at the rate of.....%

Interest due to the Fund:

Net Amount Payable :

Total : For AOUCB Benefit Fund

Additional Stipulation :

Secretary

Treasurer

Chairman/Vice-Chairman  
Trustee Member

Issued Cheque No.....Dated.....for Rs.....on.....

Loan Account No :

**AOUCB BENEFIT FUND**

10, B. T. M. SARANI, CALCUTTA-700 001

To

Date :

YOUR APPLICATION FOR LOAN

Comrade,

With reference to your loan application No.....dated ..... we are pleased to forward herewith our cheque No.....dated.....for Rs.....on ..... being the loan sanctioned in your favour. Please note to repay the loan in equal monthly instalments of Rs.....each inclusive of interest plus last instalment of Rs.....from the following month as per rule of the Fund

Please ensure the remittance of instalment regularly towards repayment and inform us any change of your posting due to transfer immediately.

Yours Comradely,

## **LETTER OF AUTHORITY**

**The Manager  
UCO Bank**

**Date :**

.....Branch/Office

**Reg : AOUCB Benefit Fund  
Regd. Office I 10, B T. M, Sarani  
Calcutta-700 001  
(Registered under Indian Trust Act.)**

**Dear Sir,**

I, a member of the AOUCB Benefit Fund hereafter referred to as The said Benefit Fund by virtue of an agreement entered into by me with the said Benefit Fund, hereby give you irrevocable authority and power to deduct every month from my monthly salary or account or gratuity or provident fund or any other dues payable by you to me or earned by me by virtue of or in course of my employment under you or in such other manner such amount as may be specified in the statement of claim to be forwarded by the said Benefit Fund to you as being due by me to the said Benefit Fund either by way of share subscription, repayment of loan, interest on loan, overdue interest, thrift fund deduction or otherwise howsoever and to remit the same to the said Benefit Fund on my behalf and account and at my risk in all respects. All such statements of claim shall be binding on me and such remittances made by you on my behalf even when I cease to be a member of the said Benefit Fund shall be complete and valid discharge of your dues to me in respect of amounts so remitted without condition and you shall not be liable in any way to anybody inclusive of my successor interest for the remittances so made.

I hereby agree and declare that you shall not by reason of this authority be concerned with the constitution of the said Benefit Fund or to see actually whether such amounts are due from me or not to the said Benefit Fund.

I hereby absolve you of any liability for payments made in compliance with the statement of claims forwarded by the said Benefit Fund to you on my behalf even in case of any excess and or wrong payment arising out of the error in the statement so forwarded by the Benefit Fund and any step that may be required to be taken for the recovery of the excess and / or wrong payment so made will be my sole responsibility. Any act done by you or by any of your Officer / Manager due to oversight or otherwise in making remittance or in carrying out or purporting to carry out the authority hereby granted in compliance with the statement of claims sent by the said Benefit Fund to you will be deemed to have been done by me and you or any of your Officers/ Managers will not be liable for the same. I agree that I shall not involve you for settlement of my account with the said Benefit Fund and that I shall deal directly with the Benefit Fund for the same.

The Authority thus granted cannot be revoked by me without written consent of the AOUCB Benefit Fund.

Amount Rs.....

with effect from the salary of.....19.....

Savings A/c. No.....with.....Branch

Yours faithfully,

witness :

( Specimen Signature of the applicant )

Full Signature :

Full Signature :

Name :

Name :

Address :

Address :

Office / Branch.....

Office / Branch.....

Department.....

Department.....

P. F. No.....

P. F. No .....

Date.....

Date.....

LOAN BOND

**AOUCB BENEFIT FUND**

**10, B. T. M, Sarani, Calcutta-700 001**

( Registered under Indian Trust Act. )

I \_\_\_\_\_ a member of the above named Benefit Fund have this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_ received subject to the rules of the Benefit Fund a loan of Rupees \_\_\_\_\_

( Rs. \_\_\_\_\_ ) bearing interest at the rate of \_\_\_\_\_ percent per annum which I hereby undertake to repay in full by 24 monthly instalments of Rupees \_\_\_\_\_ (Rs. \_\_\_\_\_ ) each, commencing from the next month, each instalment being payable on or before the 10th day of each month, either by way of deduction from my salary or account or in cash.

If I fail to pay interest or any instalment of the principal on the due date the whole loan along with interest shall become immediately due and payable by me. However, in case of delayed repayment or if I am granted extension of time, I further undertake to pay additional interest at \_\_\_\_\_ % per annum over the normal rate of interest or at such other rates of interest as may be laid down by the Board of Trustees of the Benefit Fund or any overdue payment from the date of default. I further agree to reimburse the Benefit Fund all expenses and cost incurred by the Fund for realisation of the said loan.

I further undertake that the loan will be utilised for (purpose) \_\_\_\_\_

under the above conditions I execute this bond after having duly received the full sum.

Dated the \_\_\_\_\_ 19 \_\_\_\_\_

Signature of Borrower \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Office / Branch \_\_\_\_\_

Benefit Fund Membership no \_\_\_\_\_

We hereby agree to be sureties for the above mentioned loan and to be jointly and severally liable ( 1 ) for its repayment with interest and costs incurred for its realisation and ( 2 ) for its utilisation in accordance with the purpose mentioned above

Dated \_\_\_\_\_ 19 \_\_\_\_\_

1. Signature :	
2. Full Name :	
3. Name of the : Branch/Office	
4. Benefit Fund : Membership no	
5. Signature verified : with designation seal of Manager/Officer	

Declaration form the Member

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Date:.....

To  
AOUCB Benefit Fund  
10, B.T.M.Sarani  
Kolkata - 700001

I declare here under that

- 1) I have not applied over draft facility from UCO Bank
  
- 2) In case I do apply / avail draft facility I shall inform the AOUCB Benefit Fund forthwith and submit consent from the employer regarding deduction of Benefit Fund loan instalment from my salary

( Signature )

Name of the Member .....

Member Code ..... P.F.No. ....

No objection certificate in case over draft facility availed from UCO Bank by the member.

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Date : .....

To  
AOUCB Benefit Fund  
10, B.T.M. Sarani  
Kolkata - 700 001  
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**Sub.:** Loan application for Rs. .... from AOUCB Benefit Fund

Fund A/c. Mr. / Ms. .... P.F.No.....

This is to certify that his / her net take home pay ( after statutory deduction ) as per salary position is Rs. .... as on ..... ( month / year ) we have no objection if he / she is allowed loan of above amount at a monthly instalment of Rs. .... ( EMI ) and the same shall be deducted from his monthly salary and be sent to the fund provided he / she gives necessary authorization for deduction as per rules of the Fund.

BR. Manager  
With Seal and designation