



**CANARA BANK EMPLOYEES' UNION GOLDEN JUBILEE
DEATH RELIEF AND WELFARE FUND SCHEME**

A UNIT OF CANARA BANK EMPLOYEES' UNION

Ambujavilasam Road, Thiruvananthapuram - 695 001

Phone: 2472176, Fax: 2470760, e-mail: tvn_cbeutvm@hotmail.com



(TO BE SUBMITTED IN DUPLICATE)

No.

PLACE:

DATE :

To.

The Secretary
Managing Committee
CBEU Golden Jubilee Relief & Welfare Fund Scheme
A Unit of Canara Bank Employees Union
BALAKRISHNA MENON SMARAKAM
TC 27/220, Ambuja Vilasam Road
THIRUVANANTHAPURAM – 695001

Dear Comrade,

Please enroll me as a Member of the Scheme. I tender a sum of Rs.25/= as admission fee vide DD No.....dated.....201 favouring the Scheme drawn on TRIVANDRUM. I am enclosing herewith a debit authority for deduction of subscription every month and would request you to arrange for deduction of the same from my monthly salary and allowances payable to me.

I SHALL ABIDE BY THE RULES AND REGULATIONS OF THE SCHEME

(APPLICATION TO BE FILLED IN BLOCK LETTERS)

NAME :-----

STAFF NO. :-----DESIGNATION:-----

BRANCH/OFFICE :-----

: CIRCLE:-----DP CODE-----:

FATHER'S/HUSBAND'S NAME :-----

ADDRESS :-----

PERMANENT ADDRESS :

DATE OF BIRTH : AGE :

DATE OF APPOINTMENT/CONFIRMATION :

I NOMINATE THE FOLLOWING IN ORDER OF PRECEDENCE FOR THE BENEFITS WHICH MAY ACCRUE IN THE EVENT OF MY DEATH **(TO BE FILLED IN WITHOUT FAIL)**

- | | | |
|----|------|--------------|
| 1) | AGE: | RELATIONSHIP |
| 2) | AGE: | RELATIONSHIP |
| 3) | AGE: | RELATIONSHIP |

Yours fraternally,

SIGNATURE

ADMITTED ON :

Month of first installment :

OFFICE COPY/EMPLOYEE COPY