> Affix Re.1/revenue stamp

Signature

Name:

Designation

Branch:

Witness(es) with address

01.

02.

APPLICATION FOR RETIREMENT BENEFIT UNDER THE DEATH - cum-ACCIDENT-cum- RETIREMENT BENEFIT OF STATE BANKS' STAFF UNION (KERALA CIRCLE)

From	Place
	Date
Name	
Designation	
Branch / Department	
To,	
The General Secretary	
State Banks' Staff Union (KC)	
State Bank of India Local Head Office	
Poojappura	
Thiruvananthapuram	
1 ma vanannaparam	
Dear Sir,	
I am a member of the Union since	I am retiring/have retired from the
service of the Bank on and the	e relative certificate is enclosed. I am not
in arrears of subscription / levy and I ar	m eligible to receive the RETIREMENT
BENEFIT as per the Rules and Regulation	ons of the DEATH cum ACCIDENT cum
RETIREMENT BENEFIT SCHEME	of our Union. I am submitting this
application for the consideration of our	Central Committee.
· ·	IREMENT BENEFIT which the Central
Committee may decide on account of m	y retirement.
Thanking you	
Thanking you	Yours faithfully
Recommendations of:	Signature
Recommendations of.	Address:
The Unit Secretary/	Address.
Asst. General Secretary/	
·	
Dy. General Secretary	
	Signature of the Unit Secretary
	Asst. General Secretary

Dy. General Secretary