

Form No: F 100	
----------------	--

Membership No	
Date of Membership	

Please affix your recent color photo (2*2 Inches)

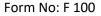
Membership Application

1.Full Name :		
2.Name with Initials:		
3.Address :		
4.District:	5.Gender:	
6.NIC No:	7. Marital Status	
8.SDB Bank Staff account No:	9. Date of Birth:	
10.SDB EPF No:	11.Date of Joined SDB Bank:	
12.Date of confirmed in SDB Bank:	13.Contact No:	
14.SDB email Address:		
15.Current designation:	16.Current branch/Dept:	
17.Are you member of Bank's Welfare society:	18.No of shares to be purchased:	
19.Please nominate a person who will entitle to financial be	enefit from the society in case of abse	nce of the membe
I. Nominee's Name & Relationship:		
II. Nominee's Address:		
III. Nominee's NIC No.:		
IV. Nominee's Date of Birth:	V. Nominee's contact No:	
20. How can you contribute to develop our society (Like spe	ecial skills):	

21. I have attached following documents Please mark the box by ticking (X)

Photograph	Copy of NIC	
Salary deduction letter to HR	Payment	
	receipts	

(Please read the instruction to fill the at the bottom of second page before fill the form)





22. Family Details

Family means if married spouse and children, If not married parents and brothers or sisters less than 18 years. However residences should be same as the member's residence

No.	Name	NIC No	Date of Birth	Relationship	Other information Like profession, special attentions
1.					
2.					
3.					
4.					
5.					

I certified that the above details are true & correct and hereby request to include me as a member of **SANASA Development Bank Staff Society Ltd.** I agreed to act under rules and regulations of the articles of above society.

is eligible to be a member of SDB Bank Staff SANASA Society. Name :	Date:					Αį	plicant	Signature:			
Staff SANASA Society. Name :	Introductive Membe	r's Recon	nmendation	า							
Staff SANASA Society. Name :						-		_			
Membership No :					•••••	•••••	••••••	15 E11	gible to	be a membe	I OI SDB Balik
Date: Signature of Inductive Member: Board of Directors Prior Approval No of shares Per share Amount Paid on Receipt no: Signature Compulsory saving Letter of consent Amount Paid on Receipt no: Signature All documents are checked and completed and all cash transactions recorded properly. Date: Signature: Officer Name: Board directors meeting held on	Name :					•••••					
No of shares Per share Amount Paid on Receipt no: Signature	Membership No :					•••••					
No of shares Per share Amount Paid on Receipt no: Signature Compulsory saving Letter of consent Amount Paid on Receipt no: Signature All documents are checked and completed and all cash transactions recorded properly. Date: Signature: Officer Name: Board directors meeting held on	Date:				9	Signature	of Induc	tive Membe	r:		
Compulsory saving Letter of consent Amount Paid on Receipt no: Signature All documents are checked and completed and all cash transactions recorded properly. Date: Signature: Officer Name: Board directors meeting held on	Board of Directors P	rior Appro	oval								
All documents are checked and completed and all cash transactions recorded properly. Date: Signature: Officer Name: Board directors meeting held on	No of shares	Per	share		Amount	F	Paid on	Receip	t no:	Signature	
Date: Signature: Officer Name: Board directors meeting held on	•	ing Lett	er of conse	nt	Amount	F	aid on	Receipt	t no:	Signature	
Board directors meeting held on and decided grant/not grant the membership to the above	All documents are ch	ecked and	d completed	d and a	all cash tra	nsactions	recorde	ed properly.			
	Date :	Signa	ture:			O	ficer Na	ıme:			
		_	on			and de	cided g	rant/not gra	nt the	membership	to the above
Dago 2 of 2											



at



Einal approval of ACM

The chairman

Final approval of Adivi		
		approval and still the above officer is still working for SDB Bank as at Final approval is granted for the membership to the
Issue of Membership Ca	rd Yes/No	Date of Issue:
The secretary	Date	The chairman
Office Use Only Date of Received: Date of Issued Membership card: Joined SMS circle:		Entered to Database by & on: Joined Facebook account:
Signature:		Date:

Instruction to fill the form

For any clarification please contact Chairman, Secretary, any employees of the society. Please complete your information in CAPITAL LETTERS and dully complete application with payment receipts, copy of NIC, your color photograph and letter of consent for compulsory to be submitted to Secretary or any staff officer of the society and get the confirmation of submitting the application.

All members are requested to open a compulsory saving account where she/he should remit monthly at least LKR 100.00 from his/her account for that letter of consent is to be filled. However all members are encouraged to deposit more amount (More than LKR 100.00) than minimum requirement.

Please register with our SMS circle then all the society messages will receive to your mobile phone free of charges. To register type "Follow chairmansdbsana" and send it to "40404"

Also join our face book account by sending a friend request to "Sdb Staff Sanasa"