



SDB bank Staff SANASA Society

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 benefit from the society in case of absence of the member

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 special 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)



SDB bank Staff SANASA Society

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.

Date:

Applicant Signature:

Introductive Member's Recommendation

The above applicant is known to me and certify that according to the above details of is eligible to be a member of SDB Bank Staff SANASA Society.

Name :

Membership No :

Date:

Signature of Inductive Member:

Board of Directors Prior Approval

No of shares	Per share	Amount	Paid on	Receipt no:	Signature
Compulsory saving a/c No:	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 and decided grant/not grant the membership to the above applicant with effective from.



SDB bank Staff SANASA Society

The secretary

Date

The chairman

Final approval of AGM

The prior approval is submitted to AGM for final approval and still the above officer is still working for SDB Bank as at/...../..... and at the AGM held on Final approval is granted for the membership to the above applicant.

Issue of Membership Card Yes/No

Date of Issue:

.....

.....

.....

The secretary

Date

The chairman

Office Use Only

Date of Received:

Entered to Database by & on:

Date of Issued Membership card:

Joined Facebook account:

Joined SMS circle:

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 chairmansdbšana"** and send it to **"40404"**

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