

I hereby given an irrevocable authority to the Bank to deduct from my salary a sum of Rs.75.00 / Rs.55.00 / Rs.35.00 / Rs.25.00 (Strike out whichever is not applicable) per month or such sums as may be decided by the Administrator of the Fund from time to time, and to credit the same to Union Bank Employees' Death Relief Fund.

Place : _____

Date : _____

Signature / Thumb impression of the applicant

Witness for Nomination

(Signature)

(Signature)

Full Name :

Residential Address :

Full name :

Residential Address :

(For use of Branch Manager / Regional Office)

We have verified the above information and confirm its correctness. We hereby recommend the application of Shri / Smt. / Kum. _____ for admitting as a member of the fund.

Date :

Regional Manager _____

Branch Manager/Dept.-In-Charge

_____ Branch / Office

(For Office use only)

Accepted :

(Administrator of the Fund)

Serial No. :

Nomination Regd. :

Membership No.:

Date :