

# CANARA BANK EMPLOYEES' UNION GOLDEN JUBILEE FAMILY WELFARE SCHEME

### A UNIT OF CANARA BANK EMPLOYEES' UNION

#### **BALAKRISHNA MENON SMARAKAM**

Ambujavilasam Road, Thiruvananthapuram - 695 001 Phone: 2472176, Fax: 2470760, website:cbeugjfws.co.in

(TO BE SUBMITTED IN DUPLICATE)

No.

PLACE:
DATE:

To.
The Secretary
Managing Committee
CBEU Golden Jubilee Family Welfare 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 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	S NAME:
RESIDENTIAL ADDRE	SS:
DATE OF BIRTH	:
DATE OF APPOINTME	NT/CONFIRMATION:
	HE FOLLOWING IN ORDER OF PRECEDENCE FOR THE BENEFITS WHICH MAY NT OF MY DEATH <b>(TO BE FILLED IN WITHOUT FAIL)</b>
1)	RELATIONSHIP
2)	RELATIONSHIP
3)	AGE:RELATIONSHIP
	Yours fraternally,
	SIGNATURE

ADMITTED ON:

Month of first installment:



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### (TOBE SUBMITTED IN QUADRUPLICATE)

**AUTHORITY LETTER** 

	BRANCH/OFFICE: DATE:						
	The Manager/Senior Manager/Chief Manager/Assistant General Manager CANARA BANK						
Dear Sir,	SUE		THORISATION FOR D SCHEME FROM MY N				
every mor	nth and	remit t	he same to <b>SB A/c 29</b> 0	<b>68111081607</b> (with	Canara Bank, Patto	ny salary and allowances oor,Thiruvananthapuram) Canara Bank Employees'	
					Yo	ours faithfully	
FULL NA		ΓERS)	:				
STAFF NO DESIGNA			: :		S	SIGNATURE	
CC	TO :	1) 2)	HRM SECTION, Circ CBEU, Central Office	•			
		3)	CBEUGJFWS, Admir	nistrative Office			

BALAKRISHNA MENON SMARAKAM TC 27/220, Ambuja Vilasam Road THIRUVANANTHAPURAM - 695001