

## **APPLICATION FOR ADDITIONAL SHARES**

| То  |                                 | Indiv                                      | ridual / No      | n Indiv     | idual        |              |   |
|---|---------------------------------|--|------------------|-------------|--------------|--------------|---|
| Гhe Chairman,<br>ГЈSB Sahakari Bank Ltd.  |                                 |  | KYC Co           | mplied a    | †            |              | Branch<br>Round Stamp<br>& Photo              |
| Customer No.:   |                                 |  | Branch           |             |              |              | & Photo                                       |
| Membership No.:_  |                                 |  |                  |             |              | Date :       |   |
| Name of Applicant _   |                                 |  |                  |             |              |              |   |
| (Name as per earlier s  |                                 | <i>,</i>                                   |                  |             |              |              |   |
| I / We hereby tender  |                                 |  |                  |             |              |              |   |
| and request you to all  | ot                              |  | additional sh    | nares of R  | s. 50/- ea   | ch to me/us. |   |
| -   | orce from tin                   | ne to time                                 |                  |             |              |              | inforce or which may<br>11 of The Multi State |
|   |                                 | API  | PLICANT'S        | DETA        | ILS          |              |   |
| Address (Corresponde  | ence / Reg. of                  | f  |                  |             |              |              |   |
| Tel.No.   | Mob.No                          |  |                  |             | _ E.Mail Id: |              |   |
| Occupation / Activity:_   |                                 |  |                  |             |              |              |   |
| Tel.No.   | Mob.                            |  |                  |             | E.Mail Id:   |              |   |
| Yours faithfully,   |                                 |  |                  |             |              |              |   |
| Signature/s   |                                 |  |                  |             |              |              |   |
| (Rubber Stamp of Pro<br>(Signature with Rubber S<br>(*Please note that details<br>*You need to update the | Stamp) (Comn<br>s provided abov | n <mark>on Seal to</mark><br>/e will not c | be affixed incas | e of Applic | ant is Pvt.  |              |   |
| BRANCH RECOMM   | IENDATION                       |  |                  |             |              |              |   |
| Name of BM / ABM  | :                               |  |                  |             |              |              |   |
| Employee Code   | :                               |  |                  |             |              |              |   |
| Signature (with Rubbe   | r Stamp)                        |  |                  |             | Da           | ate          |   |
| FOR SHARE DEPAR   | RTMENT USE                      | ONLY                                       |                  |             |              |              |   |
| Approved in meeting da  | ated :                          |  |                  |             | Cert. No     | 0            |   |
| Signature & Date :  |                                 |  |                  |             |              |              |   |