

AUTHORISATION LETTER

To

The Branch Manager / Manager / Zonal Manager
Corporation Bank

Place :

Date :

..... **Branch / Office**

Dear Sir,

**Monthly Subscription to
Corporation Bank Officers' Organisation (Regd.) and
Corporation Bank Officers' Organisation Benevolent Fund**

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I hereby authorise you to deduct a sum of Rs. 130/- every month from my salary beginning from the month of and credit Rs. 80/- to the SB Account No. 21666 in the name of **Corporation Bank Officers' Organisation** – Subscription Account at our Kodialbail Branch, Mangalore and Rs. 50/- to the SB account No. 11515 in the name of **Corporation Bank Officers' Organisation Benevolent Fund** Account at our Car Street, Mangalore branch in terms of the check - off facility extended to the Organisation.

Yours faithfully,

(Signature)

From :

Name E.No. :

Designation Scale :

Branch / Office Code :

Note: The monthly subscription to CBOO is Rs. 80/- and to CBOO - BF is Rs. 50/- payable every month through deduction from salary.

1-RO copy

2-PAD copy

2-CBOO copy

4-BR copy

MEMBERSHIP ENROLMENT FORM

To

Place :

**The General Secretary
Corporation Bank Officers' Organisation (Regd.)
Central Office
106, Lobo Prabhu Court
Light House Hill Road
Mangalore - 575 001 (Karnataka)**

Date :

Dear Sir,

I being an officer of Corporation Bank and presently working at branch / Office request you to enrol me as a member of **Corporation Bank Officers' Organisation (CBOO) and Corporation Bank Officers' Organisation Benevolent Fund (CBOO-BF)**.

The Admission Fee of Rs. 10/- (5+5) and initial subscription of Rs. 130/- (80+50) for the month of towards CBOO and CBOO-BF is remitted herewith by DD No. dated for Rs. 140/- favouring Corporation Bank Officers' Organisation payable **at Mangalore**.

I have read the Rules and Bye-laws of the CBOO and CBOO-BF and agree to abide by the same as amended from time to time.

Name : E.No. :

Designation : Scale :

Branch / Office : Code :

Date of joining the Bank :

Date of promotion to the officers' cadre :

Yours faithfully,

(Signature)

(The membership enrolment form alongwith FOUR copies of authorisation letter to be directly submitted to the CBOO Central Office, Mangalore)

(For CBOO Office Use)

Membership Registration No. Date Membership Admitted.

SECRETARY
Benevolent Fund

TREASURER

GENERAL SECRETARY