दि महाराष्ट्र मंत्रालय ॲन्ड अलाईड ऑफिसेस को ऑप बँक लि., मुंबई
मुख्य कार्यालय : मंत्रालय, मुख्य इमारत तळमजला, मादाम कामा रोड, मंत्रालय, मुंबई ४०० ०३२.
Website :- www.macobank.com
२२०२५४५२/२२८१२०४६

टेंडर नोटीस
प्रिटिंग/ स्टेशनरी छपाईबाबत

दैनंदिन कामासाठी लागणाऱ्या प्रिटिंग स्टेशनरीची छपाई करण्यासाठी बंद लिफाफ्याद्वारे, प्रती प्रिटिंग कोड दरासह निविदा मागविण्यात येत आहेत. त्याचा तपशील खालीलप्रमाणे :-

१) प्रिटिंग स्टेशनरी कोडसह स्कॅन करुन वेबसाईटवर दर्शविलेली आहे.

२) कागदाचा आकार अथवा स्टेशनरी छपाईबाबत अधिक माहिती पाहिजे असल्यास बँकेच्या www.macobank.com या वेबसाईटवर उपलब्ध आहे. अधिक माहितीसाठी बँकेत संपर्क साधावा.

३) जाहिरात दिल्यापासून ७ दिवसात पाठविण्यात यावे.

मुख्य कार्यकारी अधिकारी

The Maharashtra Mantralaya and Allied Offices Co-op Bank Ltd., Mumbai

Statement Showing Quotation for Printing Items Prices quoted by Supplier Name _____

Sr. No.	Code No.	Name of the Item	Unit	Required		
					Per Pad Amount	Total Amount
1	2	3	4	5	6	7
1	P- 101	Credit Plain Voucher	pads /100	500 Pads		
2	P- 103	Debit Plain Voucher	pads /100	500 Pads		
3	P- 104	Emergency Loan Application Forms	Forms	350		
4	P- 106	Fixed Deposit Pay-in Slips	Books	400 Books		
5	P- 108	Overdraft Loan Forms	Forms	2000		
6	P- 109	Fixed Deposit Plastic Cover	Covers	3000		
7	P- 110	Overdraft Agreement	Forms	2000		
8	P- 111	F.D Account Opening Forms	Forms	5000		
9	P- 113	Loan Receipt Book	Books (Book contents of 100 Receipts having 3 slips)	500		
10	P- 115	Loan Debit Tr. Voucher	pads /100	300 Pads		
11	P- 116	Loan Credit Tr. Voucher	pads /100	300 Pads		
12	P- 119	Miscellaneous Voucher (White)	pads /100	400 Pads		
13	P-120	Membership Application Form	pads /100	100 Pads		
14	P- 121	Member Applicant Hami Patra	pads /100	100 Pads		
15	P- 123	Member Information Forms / Share Forms	pads /100	50 Pads		
16	P- 129	Recurring Account Opening Form	Forms	3000		
17	P- 135	Saving Withdrawal Slip	pads /100	1000 Pads		
18	P- 140	Surety Hami Patra	pads /100	500 Pads		
19	P- 141	RTGS / NEFT Form	pads /100	20 Pads		

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MACO BANK

L./ F. No. _____

(The Maharashtra Mantralaya and Allied Offices Co-operative Bank Ltd.)

CREDIT

S. B. A/c. No.
Loan A/c. No.

Date _____ 201

Rupees Rs.				

Clerk Cashier Supervisor Accountant / Br. Manager

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L./F. NO. _____

The Maharashtra Mantralaya and Allied Offices Co-operative Bank Ltd.

DEBIT

S. B. A/c. No.
Loan A/c. No.

_____ 201

Rupees Rs.				

Clerk Cashier Supervisor Accountant/Br. Manager

~~1500~~ P.104 ~~R120~~ Application No. :

THE MAHARASHTRA MANTRALAYA AND ALLIED OFFICES CO-OPERATIVE BANK LTD.

Head Office : Mantralaya Compound, Madam Cama Road, Mumbai - 400 032.

EMERGENCY LOAN APPLICATION

Loan Account No. _____

Savings A/c No. _____

Telephone No. (O) _____

(R) _____

(INCOMPLETE APPLICATION WILL NOT BE ACCEPTED)

I, _____ holder of _____ shares hereby apply for a loan Rs. _____ (Rupees _____) at such rate of Interest per annum as may be fixed by the Board of Directors as per directives of the Reserve Bank of India. Issued from time to time and agree to repay the amount with interest 12 monthly installment.

INFORMATION TO BE SUPPLIED BY THE APPLICANT

1) Applicant's full Name (BLOCK LETTERS) (beings with surname) and designation.	
2) a) Full residential address b) Postal Address of Permanent native place.	
3) Office name and full adress.	
4) Monthly Salary : (Supported by salary certificate in Prescribed From)	
5) a) Date of employment : b) Date of Superannuation :	
6) Purpose for which loan is required.	1) Medical Purpose 2) Education Purpose 3) _____
7) Have you taken any loan from any Bank or Society.	
8) Names and Account Nos. of the persons for whom you stand surety.	

I, hereby declare that all above information is true and correct. It will be my responsibility to inform the Bank any change in my residential or office address. I agree to abide by the Bye-Laws of the Bank which are now in force or may hereafter come into face.

Date : **Applicant's Signature**

INFORMATION TO BE SUPPLIED BY THE SURETIES

	Surety No.1 Loan A/c. No.	**Surety No.2** Loan A/c. No.
1) Full Name (BLOCK LETTERS)		
2) a) Full residential address b) Postal Address of Permanent native place.		
3) Office name and full adress.		

We hereby declare that all the information given by us is true and correct. It will be our responsible to inform the Bank any change in residential of office address in respect if ourselves we agree to stand as sureties to the loan proposed for Shri/Smt. _____
The amount of the loan may be recovered from us, if defaulted by the Borrower.

Date : _____ **Signature**
(Surety No. 1)

Date : _____ **Signature**
(Surety No. 2)

FOR OFFICE USE ONLY

Applicant's Emergency Loan Outstanding

₹ _____

Date of Previous Loan _____

Signature : Clerk _____

Supervisor _____

Shares required ₹ _____

Shared held ₹ _____

Add. Shares required ₹ _____

Loan Sanctioned ₹ _____

Net amount payable ₹ _____

Loan applied for, is recommended : for sanction / rejection / pending as :-

1) Emergency loan is outstanding

2) Applicant is defaulter since

3) 1st / 2nd Surety is defaulter since

4)

Br. Manager / Asstt. Manager / Manager

Sanctioned / Pending / Rejected in Board's Meeting dated : _____

Director **Vice-Chairman** **Chairman**

_____ _____

Entered in P. L. by : Checked by :

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Application No.:

THE MAHARASHTRA MANTRALAYA & ALLIED OFFICES CO-OPERATIVE BANK LTD

Head Office: Mantralaya Compound, Madam Cama Road, Mumbai-400 032

OVERDRAFT LOAN APPLICATION

Loan Account No. _____

Saving Account No._____

SEVARTHA No. | | | | | | | | | | | |

Tel.No. (O) _____(R)_____

Mob.: _____

(INCOMPLETE APPLICATION WILL NOT BE ACCEPTABLE)

I, _____ holder of _____ shares hereby apply for an emergency overdraft loan Rs. _____ (Rupees _____) at such rate of Interest per annum as may be fixed by the Board of Directors as per directives of the Reserve Bank of India. Issued from time to time and agree to repay the amount with interest in 60 monthly installment.

INFORMATION TO BE SUPPLIED BY THE APPLICANT

1) Applicant's full Name (BLOCK LETTERS) (begings with surname) and designation.	
2) a) Full residential address b) Postal Address pf Permanent native place.	
3) Office name and full address.	
4) Monthly Salary : (Supported by salary certificate in Prescribed From)	
5) a) Date of employment : b) Date of Superannuation :	
6) Purpose for which loan is required.	
7) Have you taken any loan from any Bank or society.	
8) Names and Account Nos. of the persons for whom you stand surety.	

I, hereby declare that all above information is true and correct. It will be my responsibility to inform the Bank any change in my residential or office address. I agree to abide by the Bye-Laws of the Bank which are now in force or may hereafter come into face.

Date: **Applicant's Signature**

INFORMATION TO BE SUPPLIED BY THE SURETY

	Surety. Loan A/c. No.
1) Full Name (BLOCK LETTERS)	
2) a) Full residential address. b) Postal Address of Permanent native place	

I hereby declare that all the information given by me is true and correct. It will be our responsibility to inform the Bank any change in residential / office address. I agree to stand as surety to the loan proposed for Shri / Smt. _____

The amount of the loan may be recovered from me, if defaulted by the Borrower.

Date :_____ Signature

(Surety)

FOR OFFICE USE ONLY

Signature : Clerk — Loan limit Sanctioned Rs. _____

Supervisor: — Overdraft limit amount Rs._____

Overdraft Loan is recommended : for sanction / rejection / pending as:-

1) Applicant is defaulter since:-
2) Surety is defaulter since:-
3)

Br. Manager / Asst. Manager / Manager

Sanctioned / Pending / Rejected in Boards Meeting dated :-

Director **Vice-Chairman** **Chairman**

Entered in P.L. by : Checked by:

नातं कुटुंबाचं...

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मॅको बँक

दि महाराष्ट्र मंत्रालय ॲन्ड अलाईड ऑफिसेस को-ऑप. बँक लि. मुंबई

मुख्य कार्यालय : मंत्रालय कंपाऊंड, मादाम कामा रोड, मुंबई - ४०० ०३२.
फोन : २२८१ २०४६ /२२७९ ३७५८ /२२८३ ५११३ • फॅक्स : २२०२ ५४५२

मुदत ठेव पावती

शाखा कार्यालय : मंत्रालय - फोन : २२८५ ६९४० / २२८३ ५१४३ / २२८३ ५१४६ / २२७९ ३३६७ / २२७९ ३९८६
बांद्रा : फोन : २६५९ २५०६ / २६५९ १३११ • कोकण भवन : फोन : २७५७ ०११६
Email : mantralayacoopbank@yahoo.co.in

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THE MAHARASHTRA MANTRALAYA & ALLIED OFFICES CO-OPERATIVE BANK LTD
MANTRALAYA, MUMBA-400 032

No. _____ Loan A/c. No._____

LOAN AGREEMEN

I, _____ residing at _____ do hereby acknowledge to have received from the above named Bank Overdraft Loan limit of Rs. _____ / Rupees: _____ only) and agree as follows:

1) I shall repay this loan in_____ installment or Rs._____ /- in not more than 60 months is of which the first shall be payable on or before 10th day of next month and the other installments by a regular interval of the month thereafter with interest then due.

2) The loan shall bear interest at_____ % per annum or at such rate as may be fixed by the Bank from time to time without reference to me.

3) If fail any installment with interest as provide in clause 1 here of, I shall be liable to pay at once, the whole amount then due together with interest due thereon in terms of my Demand Promissory Note Dated _____ if called upon to do so by the said bank.

4) I shall use the loan for the Emergency purpose stated in the application dated _____ and shall when called upon furnish satisfactory proof of loan having been so applied for falling which I, shall be liable to pay at once the whole or part of the as the Board may decide together with all interest due there on.

5) I hereby authorize the Drawing and Disbursing officer of _____ Department / Office or the Drawing & bisbursing Officer of any other Department to which, I may be transferred in future or the pay & Accounts / Treasury Officer through whom my salary is drawin, to deduct on behalf of the Bank from my salary, gratuity or other sums payable to me for the above mentioned loan together with interest, in one or more installments as the Board of Directors might determine form time to time as per provision in the MSC Act of 1960 under Section- 49.

6) I shall pay the installment of loan personally, if it is not deducted from my salary.

7) I shall pay penal interest whenever I will become liable to pay it.

8) I shall be bound by the rules and Bye-laws of the above bank which are not in or hereafter may comes into forces and the terms there of shall be deemed to have been Incorporated in to this agreement.

9) In the event of my transfer to any other Department, it will be my responsibility to inform my complete office address to the Bank immediately and also to credit the amount to the Bank as per its demand.

10) I also authorize & undertake to Bank to transfer this sums payable to bank against any debit from my saving Deposit & Fixed Deposit Account.

Dated: at _____ this _____ day of _____

Borrower's Signature

I _____ (Surety Name) do hereby stand surety and bind my self to be liable to the above named Bank for the due repayment of this loan with interest, there on in accordance with above condition, rules and bye-laws of the bank and I agree that my liability hereunder shall not be terminated or affected by the Board of Directors of the said Bank giving time or any other indulgence to the within named Borrower,

As per the Maharashtra Co-operative societies Act 1960 Section -49 (1) (2) (3), the amount of the loan may be recovered form myself, if defaulted by Borrower.

Dated: at _____ this _____ day of _____ **Signature of Surety** _____ +

Received _____ day of _____ from The **MAHARASHTRA MANTRALAYA AND ALLIED OFFICES CO-OPERATIVE BANK LTD.** The sum of Rupees

₹	

Place:_____

Date:_____

On demand I / we_____

_____

do hereby jointly and severally promise to pay **THE MAHARASHTRA MANTRALAYA AND ALLIED OFFICES**

CO-OPERATIVE BANK LTD. Mumbai on orde rthe sum of Rupees _____

_____

_____ together with interest at _____ percent per annum for

value received.

Signature x _____

Signature x _____

Revenue Stamp

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THE MAHARASHTRA MANTRALAYA AND ALLIED OFFICES CO-OPERATIVE BANK LTD.

Head Office : Mantralaya Compound, Madam Cama Road, Mumbai-400 032.

The Manager
Maharashtra Mantralaya And Allied Offices Co. Op. Bank Ltd.,
Mumbai / Bandra / Kokan Bhavan.

Account No.

Date _____

Dear Sir,

Please Open a **Fixed Deposit / Cumulative Fixed Deposit** For _____ Months in My/Our Name(s) in the Book of the Bank for Credit of which I/We hand you Rs._____

I/We agree to comply with an be bound by the Bank's rules, bye laws for the time being in force for the conduct of such accounts.

For Joint account only } The account will be operated by _____ and in the event of the decease of any of us, the Balance at the credit of account will be payable to the survivors or survivor. No other person has any interest whatsoever in the balance in this Account.

Monthly / Quarterly interest be credit to S/B A/C. No._____ In the Name of _____

Kindly issue Deposit receipt for Rs. _____ For_____ Months @ _____% p.a.

Your Faithfully

(Signature)

Name of the Account Holder in Full _____

_____

Address in Full _____

_____

Occupation _____

Office Address _____

PAN No_____ Aadhar No. _____

In case of Minor : Date of birth _____ Age_____

Full Names of the operators of the account

Shri/Smt._____ Will sign as _____

" _____ " _____

" _____ " _____

Introduced by (Name)☐_____ Account No._____

Signature _____

☐ To be introduced by a customer / member or some respectable person known to this Bank.

Officer / Accountant **Manager**

THE MAHARASHTRA MANTRALAYA AND ALLIED OFFICES CO-OP. BANK LTD.

Head Office : Mantralaya Compound, Madam Cama Road, Mumbai-400 032.

DAI

Nomination under section 46 ZA read with section 56 of the Banking regulation Act, 1949 & Rule 2(1) of the Co-operative Banks (Nomination) Rules, 1985 in respect of the Bank deposits.

I/We_____

[Name (s) and address (es)]

Nominate the following persons to whom in the event of my/our/minor's death, the amount of the deposit. Particular where of are given below, may be returned by **The Maharashtra Mantralaya and Allied Offices Co-Op. Bank Ltd.** _____ Branch.

DEPOSIT			NOMINEE				
Nature of Account	No. of A/c.	Additional Details if any	Name	Address	Relation-snip with Depositor	Age	If Nominee is a minor is date of birth

* As the Nominee is a minor on this date. I/We appoint Shri./Smt./Kum_____ (Name, Address, age) to receive the amount of the deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee,

Place : _____

Date :

Name(s), Signature(s) and Address(es) of witness (es) ★

Signature (s) Thumb Impression (s) of depositors (s)

★ Whether deposit is made in the name of a minor, the nomination should be signed by a person lawful entitled to act on behalf of the minor.

★ Strike out if nominee is not a minor.

★ thumb impression 9s) shall attested by two witness.

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THE MAHARASHTRA MANTRALAYA AND ALLIED OFFICES CO-OPERATIVE BANK LTD.

Mantralaya, Mumbai-400 032

D. No. 10900 Date: _____

Received from Mr./Mrs. _____

Loan A/c. No. _____ L/F ____ S.B.A/c. No. _____

Department _____

The Sum of Rs. _____

On Account of _____

PARTICULAR'S	Rs.	P.
1) Entrance Fees		
2) Share Calls		
3) Thrift Fund A/c.		
4) Long Loan		
5) Short Loan		
6) Emergency Loan		
7) Education Loan		
8) Housing Loan		
9) Serious illness		
10) Computer Loan		
11) Other Loan		
12) Misc.		
13) Interest A/c.		
TOTAL		

Cheque No. _____ of Rs _____ Date _____

Amount of Cash/Cheques/Draft will be Credited to the A/cs. Subject to realisation

Prepared by Checked by Received by

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THE MAHARASHTRA MANTRALAYA AND ALLIED OFFICES CO-OPERATIVE BANK LTD.

Mantralaya, Mumbai-400 032

D. No. 10900 Date: _____

Received from Mr./Mrs. _____

Loan A/c. No. _____ L/F ____ S.B.A/c. No. _____

Department _____

The Sum of Rs. _____

On Account of _____

PARTICULAR'S	Rs.	P.
1) Entrance Fees		
2) Share Calls		
3) Thrift Fund A/c.		
4) Long Loan		
5) Short Loan		
6) Emergency Loan		
7) Education Loan		
8) Housing Loan		
9) Serious illness		
10) Computer Loan		
11) Other Loan		
12) Misc.		
13) Interest A/c.		
TOTAL		

Cheque No. _____ of Rs _____ Date _____

Amount of Cash/Cheques/Draft will be Credited to the A/cs. Subject to realisation

Prepared by Checked by Received by

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THE MAHARASHTRA MANTRALAYA AND ALLIED OFFICES CO-OPERATIVE BANK LTD.

Mantralaya, Mumbai-400 032

D. No. 10900 Date: _____

Received from Mr./Mrs. _____

Loan A/c. No. _____ L/F _____ S.B.A/c. No. _____

Department _____

The Sum of Rs. _____

On Account of _____

PARTICULAR'S	Rs.	P.
1) Entrance Fees		
2) Share Calls		
3) Thrift Fund A/c.		
4) Long Loan		
5) Short Loan		
6) Emergency Loan		
7) Education Loan		
8) Housing Loan		
9) Serious illness		
10) Computer Loan		
11) Other Loan		
12) Misc.		
13) Interest A/c.		
TOTAL		

Cheque No. _____ of Rs _____ Date _____

Amount of Cash/Cheques/Draft will be Credited to the A/cs. Subject to realisation

Prepared by Checked by Received by

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L. F. No. _____

THE MAHARASHTRA MANTRALAYA AND ALLIED OFFICES CO-OPERATIVE BANK LTD.

Mantralaya, Mumbai.

DEBIT Loan A/c. No. _____ Date _____

Shri / Smt. _____

Being the Amount of Loan Rs.

Paid to Shri/Smt._____

A/c._____on Loan Agreement

Dated_____& after Adjustment

The Balance of Amount is Transferred

to his/her Saving Bank A/c. No. _____

TRANSFER

	Rs.	P.
Long Loan		
Short Loan		
Education		
Emergency		
House Bldg. Adv.		
Serious illness Loan		
Total Rs.		

Rs. (In words) _____

_____

Clerk **Supervisor** **Accountant/Manager** **Loanee's Signature**

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L./F.

The Maharashtra Mantralaya and Allied Offices Co-operative Bank Ltd.

MANTRALAYA, MUMBAI.

SB A/c. No. L./F Date _____ 200

Name Shri./Smt. _____

By amount of Rs. Only of

Shri./Smt. A./c. No.

transferred to his/her above account Being the amount of

Loane Rs. Sanctioned in the Board's

meeting held on

TRANSFER

Rupees Rs.

Clerk **Supervisor** **Sub. Acctt./Br. Manager** **Accountant/Manager** **Loanee's Signature**

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50 Pad/19/015/Unity

THE MAHARASHTRA MANTRALAYA & ALLIED OFFICES CO-OPERATIVE BANK LTD.

Mumbai

C. B. Folio _____

Voucher No. ☐☐☐☐☐☐

Date ☐☐ ☐☐ ☐☐☐☐

Received cash/cheque from The Maharashtra Mantralaya and Allied Offices Co-op. Bank Ltd. the sum of Rupees ☐☐☐☐☐☐☐☐ (in words) Rupees _____

for the purpose stated below _____

Rs. ☐☐☐☐☐☐☐☐

Manager

Signature of Receiver

₹ 120

Price: Rs. 5/- **Reg. No.** _____ **Membership No.** _____

THE MAHARASHTRA MANTRALAYA & ALLIED OFFICES CO-OPERATIVE BANK LTD.

APPLICATION FORM FOR MEMBERSHIP

Note: *Application should be written in own hand by the Applicant Typed application will not be accepted.*

1. Name of the Applicant in Full: _____
(in BLOCK letters beginning with Surname)
2. (a) Residential address: _____
_____
4. (b) Postal Address of Permanent Native Place: _____
_____
3. (a) Tel. No. _____ (b) Mob. No. _____
(c) WhatsApp Mob. No. _____
4. Sevaarth No. _____
5. Aadhaar No. _____
6. Pan No. _____
7. Email Id. _____
8. Name of the present Department / Office: _____
_____ Tel. No. _____
(a) Name of the Permanent Department: _____
9. Designation & Class of Service: _____
10. Whether Services are transferable: _____
11. Date of Birth: _____ Date of Superannuation: _____
12. Present Pay & Pay Scale: _____
13. (a) Total length of Service in the present post: _____
(b) Date of Appointment in Government Service: _____
(c) Particulars of Total Services: _____
14. (a) Are you Permanent in the Service? _____
(b) If not, is the post of which you _____
Were recruited on initial appointment _____
Comes under the purview of the _____
Public Service Commission? _____
(c) Are you P.S.C. Selected? _____
(d) If not, please state the mode of the recruitment _____
15. (a) Were you a member of this Bank before? _____
(b) If so when resigned? _____
(c) Reasons for resigning: _____
16. Do you have a Saving account with this Bank? If so give the Account No. _____

I desire to be an enrolled as a member of **THE MAHARASHTRA MANTRALAYA & ALLIED OFFICES CO-OPERATIVE BANK LTD.** And propose to subscribe for Two shares. I send herewith Entrance Fee of Rs. 5/- Plus Rs. 200/- towards the Shares. I undertake to obtain prior permission of the Bank in case I desire to be member of any other Co-operative Credit Society of Bank. I have read and hereby agree to abide by the Bye-laws and Rules of the Bank now in force or as may be modified or altered from time to time.

Date: the Signature of the Applicant

In the event of may deputation allotment and transfer to any other Departments of the Government of separate Body. I will inform the Bank immediately in writing.

I will inform the Bank in writing forth with regarding my removal, reduction in rank, dismissal /discharge or termination of my service.

I will not tender resignation of my service under Government or seek relief from my present service to take up another employment without entirely repaying my loan and such other amount I may owe to the Bank.

Signature of the Applicant

I _____the undersigned, give to the Drawing & Disbursing Office of my Dept./Office/Head of Dept. Irrevocable power and authority to deduct every month from the Monthly Salary & other allowances earned by me during my employment in the Government all dues payable by me as a member of **THE MAHARASHTRA MANTRALAYA & ALLIED OFFICES CO-OPERATIVE BANK LTD.** Either by way of subscriptions. Repayment of loan, interest penalty, guarantee or otherwise and to pay the same to the said Bank.

In the event of my discharge / resignation from the Government service / retirement / or absence due to illness, unsound mind, death accidental or otherwise/or on a written request by the bank, I authorized the aforesaid authority to deduct the entire amount due the payable to the Bank from my salary / D.A./ bonus/pension/gratuity/termination allowance/ or unclaimed dues in respect of any of the above in single installment.

Dated at Mumbai this day 200

Witness Signature:

Name: A/c.No.

Department: Signature of the Applicant
Department

NOMINATION

I hereby nominate the person/s mentioned below and confer on him/her/them the right to receive the amount of share money and such other amount at my credit in the event of my death to the extent specified against him/her/them.

Name & Address of Nominees 1	Relationship with Member 2	Age 3	Extent to which amount of share money is receivable 4

Signature of Witness Signature of Applicant

FORM 'K'

Declaration under Rule 45 (1)

I, _____ am/have become a member of more than one credit society name of which are given below:

W 1
W 2
W 3

I do hereby declare as required by Rule 45 of the Maharashtra Co-operative Society Rules 1961, that I shall borrow only from **The Maharashtra Mantralaya & Allied Offices Co-Op. Bank Ltd.**

Date:

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हमी पत्र

दुरध्वनी क्रमांक : _____

कार्यालय : _____

निवास : _____

श्रीयुत/श्रीमती : _____

कर्जखाते क्र. : _____

कार्यालयाचे नांव व पत्ते : _____

_____

_____

दिनांक :

प्रति,
व्यवस्थापक
दि महाराष्ट्र मंत्रालय ॲण्ड अलाईड
ऑफिसेस को-ऑप. बँक लि.
मंत्रालय, मुंबई - ४०० ०३२.

विषय : महाराष्ट्र सहकारी संस्था नियम १९६१ च्या नियम ४५ (१) खाली बँकेस दिलेल्या प्रतिज्ञापत्रानुसार अन्य बँक तसेच पतपेढीकडून आजमितीस कर्ज घेतलेले नाही, तसेच यापुढे घेणार नाही असा प्रतिज्ञालेख.

महोदय,

मी खाली सही करणार, श्री/श्रीमती _____

असे लिहून देतो / देते की, आजमितीस मी, दि महाराष्ट्र मंत्रालय अँड अलाईड ऑफिसेस को-ऑप. बँक लि., मुंबई यांचे व्यतिरिक्त अन्य कुठल्याही बँकेकडून तसेच पतपेढीकडून कसल्याही प्रकारचे कर्ज घेतलेले नाही. तसेच यानंतर सुध्दा अन्य कुठल्याही बँकेकडून तसेच पतपेढीकडून कसल्याही प्रकारचे कर्ज घेणार नाही. अशी हमी या प्रतिज्ञालेखाव्दारे बँकेस लिहून देत आहे. या हमीलेखाचा माझ्याकडून भंग झाल्यास माझ्या विरुध्द कायदेशीर कार्यवाही करण्यास मी पात्र राहीन. तसेच बँकेतील माझे सदस्यत्व एकतर्फी बंद केले गेल्यास माझी काहीही हरकत असणार नाही.

वरील हमीलेख मी जाणीवपूर्वक आणि विचारांनी लिहून देत आहे.

कळावे,
आपला विश्वासू

( )

टिप : हमी पत्रावरील स्वाक्षरी ही बँकेकडे दिलेल्या स्वाक्षरीप्रमाणे असावी.

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मॅको बँक

(दि महाराष्ट्र मंत्रालय अँड अलाईड ऑफिसेस को-ऑप. बँक लि.)

मंत्रालय आवार, मुंबई - ४०० ०३२. फोन : २२७९३७५८/२२०२५४५२

सभासदांनी द्यावयाचा माहितीचा नमुना

१) सभासदांचे संपूर्ण नांव :
(मराठी) :
(इंग्रजी) :

२) कार्यरत असलेल्या विभागं / :
कार्यालयाचे नांव :

३) विभाग / कार्यालयाचा पत्ता :
दुरध्वनी क्रमांक :

४) जन्म दिनांक :

५) सेवेत रुजु झाल्याचा दिनांक :

६) पत्रव्यवहाराचा पत्ता व :
दुरध्वनी क्रमांक :

७) कायम निवासस्थानाचा पत्ता व :
दुरध्वनी क्रमांक :

८) सभासदाचा कर्ज खाते क्रमांक :

९) सभासदाचा बचत खाते क्रमांक :

१०) वारसाचे नाव _____ वय : _____ नाते : _____

सही

(नांव - _____

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मॅको बँक

PASS BOOK MUST BE ACCOMPANIED WITH WITHDRAWAL SLIP

THE MAHARASHTRA MANTRALAYA AND ALLIED OFFICES CO-OPERATIVE BANK LTD. MUMBAI.

SAVINGS BANK

Date 2 0 2

Folio _____

PAY SELF OR BEARER THE SUM OF **Rs.**

RUPEES _____

AND DEBIT THE AMOUNT TO MY/OUR SAVINGS BANK A/C NO.

of Shri / Smt. _____

Signature verified & passed for payment.

Supervisor **Br. Manager / Actt. / Manager** **Signature**

PARTICULARS OF CASH		
Notes	Rs.	P.
1000 X		
500 X		
100 X		
50 X		
20 X		
10 X		
5 X		
2 X		
1 X		
Coins		
TOTAL		

SIGNATURE

PAN No.

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100x1=10 Pad/19/15 Unity

Recurring Deposit A/c. No._____

The Manager,

F. No. _____

The Maharashtra Mantralaya & Allied Offices Co-operative Bank Ltd.

RECURRING ACCOUNT OPENING FORM

Sir / Madam _____20

Being desirous of Opening a Recurring Deposit Account with **THE MAHARASHTRA MANTRALAYA AND ALLIED OFFICE CO-OPERATIVE BANK LIMITED MUMBAI,** I/We hereby hand you a sum of Rs. _____ towards the first monthly deposit under the scheme of 12/24/36/48/60 instalments.

I/We also hereby undertake to deposit a sum of Rs. _____ every month on or before the _____ day of that month and agree to receive Rs._____ 30 days after the 12th, 24th, 36th, 48th, 60th, instalment is paid in full by me/us.

I/We hereby declare that **THE MAHARASHTRA MANTRALAYA AND ALLIED OFFICES CO-OPERATIVE BANK LIMITED.** Recurring Deposit Account Rules have been read and that I/ We accept them as binding upon me/us.

Name(s) of the
account holder(s)_____

Member No._____

Special instructions_____

Office Address : _____

_____Tel. No. Off._____Res. _____

Residential Address : _____

_____Tel. No. Off._____Res._____

Name of the Nominee_____ Relation_____

& his address_____ Age_____

Yours faithfully

Signature

Full Names in Block Letters

Specimen Signature

1._____ Will sign as _____

2._____ ... ... _____

Accountant

Manager

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हमी पत्र

श्री / श्रीमती : _____

कर्ज खाते क्रमांक : _____

दिनांक : _____

प्रति,
व्यवस्थापक,
दि महाराष्ट्र मंत्रालय ॲण्ड अलाईड
ऑफिसेस को -ऑप. बँक लि.
मंत्रालय, मुंबई-४०० ०३२.

विषय :- श्री / श्रीमती _____ कर्ज खाते क्रमांक _____
यांची कर्ज वसुली कोणत्याही कारणास्तव थकीत झाल्यास माझ्याकडून वसुंल करण्याबाबतचे हमीपत्र.

महोदय,

वरील विषयाच्या अनुषंगाने मी श्री./श्रीमती _____

आपणांस कळवितो/कळविते की, श्री /श्रीमती _____ _____

कर्ज खाते क्रमांक _____यांना मी त्यांच्या कर्जासाठी जामीन राहीलो/राहीले आहे. आपल्या बँकेची कर्ज वसुली कोणत्याही कारणास्तव त्यांच्यातर्फे थकीत झाली तर त्यांच्या कर्जाची थकबाकी माझ्या वेतनातून दरमहा कपात करण्याची हमी या पत्राव्दारे लिहून देत आहे. तरी श्री. / श्रीमती _____ यांना कर्ज मंजूर करावे, ही विनंती.

आपला / आपली विश्वासू,

पुढील कार्यवाहीसाठी सादर,

(जामीनदाराची स्वाक्षरी)

श्री / श्रीमती _____

कार्यालयाचे नांव _____

टिप : हमी पत्रावरील स्वाक्षरी ही बँकेकडे दिलेल्या स्वाक्षरी प्रमाणे असावी.

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THE MAHARASHTRA MANTRALAYA AND ALLIED OFFICES CO-OP. BANK LTD.

Mantralaya Compound, Mumbai - 400 032.

Head Office : 22025452/22812046

Main Branch : 22856940/22835146/43 **Bandra Branch** : 26592506/26591311

Kokan Bhavan Br. : 27570116/27564298/ **Thane Branch** : 25300405

R.T.G.S. / N.E.F.T. PAYMENT INSTRUCTION SLIP

Date :- _____

TO BE FILLED BY CUSTOMER

Name of the Sender	
Account Number	
Cheque No.	
Amount in Figures	=
Amount in Words	
Phone / Mobile Number	
DETAILS OF BENEFICIARY	
Name of the Account Holder	
Beneficiary Bank & Branch address	
Account No.	
Type Of Account	
Beneficiary Bank IFSC Code	
Sender Details	

TERMS & CONDITIONS :

- I/We hereby authorize the Maharashtra Mantralaya & Allied Offices Co-op. Bank Ltd. to carry out the RTGS☐ / NEFT☐ transaction as per the details mentioned above (Tick☐ the appropriate Box).
- I/We hereby authorize The Maharashtra Mantralaya & Allied Offices Co-op. Bank Ltd.as regards of any consequences arising out of erroneous details provided by me/us.
- If any transaction got stuck or reach wrong address for any reason beyond the Maharashtra Mantralaya & Allied Offices Co-op. Bank's preview time lag for correction of the same will not be a responsibility of The Maharashtra Mantralaya & Allied Offices Co-op. Bank Ltd.

Signature of Account Holder/Authorized Signatory
(Stamp Wherever Required)

FOR OFFICE USE :

Set No.			
Initial			
Sr. No.		Time	Initial
1	Receiver		
2	Maker		
3	Checker		
4	Authorised By		

UTR NO.

OFFICIER
(R.T.G.S./ N.E.F.T.DEPT.) TMMAOCB / BRANCH

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No.

THE MAHARASHTRA MANTRALAYA & ALLIED OFFICES CO-OP. BANK LTD. MUMBAI

FIXED DEPOSIT ACCOUNT

Branch_____ Date | | | | | | | | |

Name_____

Fixed Deposit Rs. _____

In words _____

Period_____ Days/Months/Years

_____ Interest_____ %

Cashier Mana

No.

THE MAHARASHTRA MANTRALAYA AND ALLIED OFFICES CO-OP. BANK LTD., MUMBAI

FIXED DEPOSIT ACCOUNT

Ledger Folio _____ Branch _____ Date | | | | | | | | |

Please issue a Fixed Deposit Receipt for Rs. _____

In words _____

for Days/Months/Years @_____ % per annum in favour

of Mr./Mrs. _____

Cashier Manager By_____

PARTICULARS OF CASH / CHEQUES		
Drawn on Branch which Bank	Cheque No.	Rupees

PARTICULARS OF CASH		
Notes	Rs.	P.
1000 x		
500 x		
100 x		
50 x		
20 x		
10 x		
5 x		
2 x		
1 x		
Coins		
TOTAL		

PARTICULARS OF CASH / CHEQUES			
Drawn on which Bank	Branch	Rupees	Ps.
TOTAL			