THE KASARAGOD DISTRICT POLICE CO-OP. SOCIETY LTD.,

No. S. 221, KASARAGOD

L.No. & Date

Date.....

LOAN APPLICATION FORM

| 1. | Name of applicant with Member No | : | | |
|-----|-------------------------------------|---|----------|----------|
| 2. | Date of Birth | : | | |
| 3. | Name of Father / Mother / Husband | : | | |
| 4. | Permanent Address (Native address) | : | | |
| 5. | Office Address with Designation | : | | |
| 6. | Permanent Employee No. | : | | |
| 7. | Telephone No. | : | | |
| 8. | Monthly Salary | : | | |
| 9. | Amount of loan required | : | | |
| 10. | Period and instalment | : | | |
| 11. | Purpose of the loan | : | | |
| 12. | Liabilities of the applicant if any | : | | |
| | | | Surety 1 | Surety 2 |
| 13. | Name with Member No. | : | | |
| 14. | Name of Father/Mother/Husband | : | | |
| 15. | Date of Birth | : | | |
| 16. | Permanent Address | : | | |
| 17. | Office Address | : | | |
| 18. | Monthly Salary | : | | |
| 19. | Permanent Employee No. | : | | |
| 20. | Telephone No. | : | | |
| 21. | Liabilities if any | : | | |
| 22. | Other Liabilities of the applicant | : | | |

We do hereby declare that the particulars furnished above are true and correct to our knowledge and belief.

| Loan N | 0 | •••• | | | ••• | ••• |
|--------|---|----------|------|------|-----|---------|
| Date | | | | •••• | | |
| | _ | | | | | |

Amount Rs.

OFFICE NOTE

| | otes on the loan applicat | | | | |
|----|---------------------------|---------------------|---------------------------|---------------|-------------|
| M. | No. & Name of sureties | <pre> } 1. 2.</pre> | | | |
| Pa | articulars | Applicant | Sure | ty 1 | Surety 2 |
| 1. | No. of share | Nos | Nos | Nos | |
| 2. | Paid up share capital Rs | S | Rs | Rs. | |
| 3. | Loans | | | | |
| | Surety Loans L. No. | | L.No. | | L.No. |
| | Amour | nt | Amount | | Amount |
| | Due or | n | Due on | | Due on |
| 4. | Particulars of repayme | nt of the previous | loans by the Applicant | | |
| | Loan | No. | Amount | | Rs. |
| | Due D | ate | Date of Remittance | е | |
| 5. | Whether Surety No. on | e and two have re | emitted their previous lo | an in a time. | |
| 6. | If not give details : | | | | |
| 7. | General Remarks : | | | | |
| Da | ate | | | | Secretary |
| No | ote Prepared by : | | | | |
| DI | SPOSAL | | | | |
| Re | eg. No. & Date | | | | |
| S | anctionedRs | (F | Rupees | | |
| | | | only) Repayable | | instalment. |

Loan No.

B.R. No. & Date The Kasaragod District Police Co-operative Society Limited, No. S. 221, A.R. CAMP, PARAKATTA, KASARAGOD.

AGREEMENT FOR LOAN

| This agreement made this | day of20 Between |
|---|---|
| M. No "THE BORROWER" of the First Part and | hereinafter called |
| M. No | of |
| M. No | of |
| hereinafter called the "SURETIES" of the Second Part at CO-OP. SOCIETY, a Society registered under the Kerala (hereinafter called THE SOCIETY of the Third Part when | Co-operative Societies Act (Act 21 of 1969) |
| ₹ | and has requested the Society to |
| lend and advance him a sum of $ earrow$ | (₹ |
| the Society has agreed to lend and advance the said sum agreed upon by the Borrower NOW THIS AGREEMENT WI | to the Borrower on the terms and conditions |
| 1. The Borrower shall doth hereby acknowledge to | have (received from the Society a Loan |
| ₹(₹ | |
| The Borrower shall rep | bay the loan on or before |
| ininstalments of ₹ | and interest of ₹ |
| of which the first shall be payable on or before regular interval of month thereaf | |

2. The Borrower shall pay interest the Society at percent per annum. In case of default overdue interest will be charged 3% above the ordinary rate of interest.

3. If the Borrower fails to pay any instalment with interest as provided herein above the Borrower shall be liable to pay at once the entire balance then due together with interest.

4. The Borrower shall utilise the loan for the purpose of

..... and shall when called upon furnish satisfactory proof of the Loan having been so applied filling which the borrower shall be liable to pay at once the whole or part of the loan together with all interest due thereon as the Society may decide.

5. The Borrower doth hereby lodge with the Society by way of pledge and or assignment the following Securities which the Borrower doth hereby solemnly declare his full right to pledge and or assign and which the Society shall have the right of sale and or Surrender in case of default in respect or repayment of the loan as stipulated above

6. The Borrower shall be bound by the Rules and the Bye-laws of the Society which are now in or hereafter may come into force and the terms and thereof shall be deemed to have been incorporated in to this agreement.

7. The Sureties do hereby stand Sureties and bind themselves jointly and severally liable to that Society for the repayment of the aforesaid loan with interest thereon in accordance with the above conditions and the Rules and the Bye-laws of the Society and the Sureties further agree that their liability under this Agreement shall not be terminated or in any way affected on account of the Society giving time or any other indulgence to the Borrower.

IN WITNESS WHEREFOF the Borrower and the Sureties have set their respective hands and Seals the day and the year first herein above written.

| SIGNED by the within named Borrower | { |
|--|---|
| SIGNED by the within named | { |
| | |
| RECEIVED of and from The Kasaragod District Poli Co-operative Society Ltd; the sum of ₹ | , |
| being the amount of loan paid by the Bank to me I SAY RECEIVED ₹ | |

Written by :

Borrower's Signature

Secretary.

KASARAGOD DISTRICT POLICE CO-OPERATIVE SOCIETY

LTD. NO. S. 221

Parakatta, R.D.Nagar P.O., Kasaragod - 671 124

| Annexure - 2 (Form of Salary Certificate) | | | | |
|--|--|--|--|--|
| | A. DETAILS OF SERVICE | | | |
| 1. | Name | | | |
| 2. | PEN Number | | | |
| 3. | Date of Birth and Age | | | |
| 4. | Date from which continuous service begins | | | |
| 5. | Date of Retirement | | | |
| 6. | PF Account Number | | | |
| 7. | Whether KSR Part III Pensioner / NPS / Other Scheme (if other please specify) | | | |
| 8. | Name and address of Financial Institution | | | |
| 9. | Whether Loan / Chitty | | | |
| 10. | Whether Debtor / Surety / Guarantee | | | |
| 11. | If Surety / Guarantee specify the relationship with principal debtor | | | |
| 12. | Loan / Chitty Principal Amount | | | |
| 13. | Monthly Installment | | | |
| Allo | All coloumn must be filled by the employee before submiting it to DDO | | | |

B. DETAILS OF SALARY

| (1). | SCALE OF PAY | |
|------|---------------------------|---------------------------|
| (2) | Earnings: | (3) Deducation/Recoveries |
| 1. | (a) Basic Pay | 1. Provident Fund |
| | (b) Personal Pay | 2. Life Insurance Premium |
| 2. | Dearness Allowance | 3. Income Tax |
| 3. | H.R.A | 4. House Loan |
| 4. | Compensatory Allowance | 5. Festival Advance |
| 5. | Other Allowance (Specify) | 6. Other Recoveries |
| (i) | | (i) GPF Loan |

| (ii) | (ii) | GIS | |
|---|-------------|------------------------|--|
| (iii) | (iii) | SLI | |
| (iv) | 7. | Attachments | |
| (v) | (i) | Co-operative / KSFE/ | |
| | | Bank / Other Financial | |
| | | Institutions | |
| (vi) | (ii) | Court Attachements | |
| Total (2) | | Total (3) | |
| (4) Net Salary (Total 2 - Total 3) | : | | |
| (5) Details of Employment certific any Yes/ No | mployee, if | | |
| If Yes Specify details | | | |

Place

Signature

Date

Name & Designation to Head of Office / Drawing Officer

(Office Seal)

AGREEMENT FOR RECOVERY FROM SALARY

| I | | (Name, Designation, |
|----------------------|--|---|
| Office & Departmen | t) here by agree that in case of default | of payment to monthly installments in Chitty / HP |
| /Loan No. held/ava | ailed by me / Sri./ Smt | in |
| the | Branch of | (Name of Financial Institution), |
| recoveries of such a | mount as may be fixed by the compa | any from time to time be made from my salary at |
| source. | | |

Signature of Employee with date

I agree to effect the above recoveries subject to condition stipulated in GO(P) 9/2021/Fin dtd 13/01/ 2021 and in the instance monthly payments are stopped for 6 continous months, Financial Institutions are req uired to send recovery notice compulsorily to DDO's of all concerned parties [Principal debtor & Sureties] for starting recovery equally from the monthly salary of Principal Borrower / Surety. This office shall not take any action on a Recovery Notice received after 12 consecutive months of failed monthly payment. Even after receiving a Recovery notice against an employee, in the instance of Suspension from Service / Removal from Service / Demise of an Employee or Employee going into Unauthorized abscence / Leave without allowance, this office is not liable for effecting recovery against her/him.

| Place | Signature | Signature | |
|-------|-------------------------------|-----------|--|
| Date | te Name & Designation to Head | | |
| | of Office / Drawing Officer | | |

(Office Seal)

KASARAGOD DISTRICT POLICE CO-OPERATIVE SOCIETY

LTD. NO. S. 221

Parakatta, R.D.Nagar P.O., Kasaragod - 671 124

| Annexure - 2 (Form of Salary Certificate) | | | | |
|--|--|--|--|--|
| | A. DETAILS OF SERVICE | | | |
| 1. | Name | | | |
| 2. | PEN Number | | | |
| 3. | Date of Birth and Age | | | |
| 4. | Date from which continuous service begins | | | |
| 5. | Date of Retirement | | | |
| 6. | PF Account Number | | | |
| 7. | Whether KSR Part III Pensioner / NPS / Other Scheme (if other please specify) | | | |
| 8. | Name and address of Financial Institution | | | |
| 9. | Whether Loan / Chitty | | | |
| 10. | Whether Debtor / Surety / Guarantee | | | |
| 11. | If Surety / Guarantee specify the relationship with principal debtor | | | |
| 12. | Loan / Chitty Principal Amount | | | |
| 13. | Monthly Installment | | | |
| Allo | All coloumn must be filled by the employee before submiting it to DDO | | | |

B. DETAILS OF SALARY

| (1). | SCALE OF PAY | |
|------|---------------------------|---------------------------|
| (2) | Earnings: | (3) Deducation/Recoveries |
| 1. | (a) Basic Pay | 1. Provident Fund |
| | (b) Personal Pay | 2. Life Insurance Premium |
| 2. | Dearness Allowance | 3. Income Tax |
| 3. | H.R.A | 4. House Loan |
| 4. | Compensatory Allowance | 5. Festival Advance |
| 5. | Other Allowance (Specify) | 6. Other Recoveries |
| (i) | | (i) GPF Loan |

| (ii) | (ii) | GIS | | |
|--|-------|----------------------|--|--|
| (iii) | (iii) | SLI | | |
| (iv) | 7. | Attachments | | |
| (v) | (i) | Co-operative / KSFE/ | | |
| | | Bank/Other Financial | | |
| | | Institutions | | |
| (vi) | (ii) | Court Attachements | | |
| Total (2) | | Total (3) | | |
| (4) Net Salary (Total 2 - Total 3): | | | | |
| (5) Details of Employment certificate issued previously to employee, if any Yes/No | | | | |
| If Yes Specify details | | | | |

Place

Signature

Date

Name & Designation to Head of Office / Drawing Officer

(Office Seal)

AGREEMENT FOR RECOVERY FROM SALARY

| I | | (Name, Designation, |
|-----------------------|--------------------------------------|---|
| Office & Department) | here by agree that in case of defaul | t of payment to monthly installments in Chitty / HP |
| /Loan No. held/avai | led by me / Sri./ Smt | in |
| the | Branch of | (Name of Financial Institution), |
| recoveries of such an | nount as may be fixed by the comp | any from time to time be made from my salary at |
| source. | | |

Signature of Employee with date

I agree to effect the above recoveries subject to condition stipulated in GO(P) 9/2021/Fin dtd 13/01/ 2021 and in the instance monthly payments are stopped for 6 continous months, Financial Institutions are req uired to send recovery notice compulsorily to DDO's of all concerned parties [Principal debtor & Sureties] for starting recovery equally from the monthly salary of Principal Borrower / Surety. This office shall not take any action on a Recovery Notice received after 12 consecutive months of failed monthly payment. Even after receiving a Recovery notice against an employee, in the instance of Suspension from Service / Removal from Service / Demise of an Employee or Employee going into Unauthorized abscence / Leave without allowance, this office is not liable for effecting recovery against her/him.

| Place | Signature | |
|-------|-----------------------------|--|
| Date | Name & Designation to Head | |
| | of Office / Drawing Officer | |

(Office Seal)