



INTRODUCTION FORM

For office use only

To
Chief Executive Officer
Andhra Pradesh Brahmin Co-operative Credit Society Limited
Vijayawada – Andhra Pradesh

I, Smt. _____ W/o/D/o _____ aged _____ (Date of Birth: _____) resident of _____ village and member of ABC-CS (Membership Number : _____) would like to register as a potential customer of SSG Scheme of ABC-CS. I understand that this in no way binds me to borrow from ABC-CS, nor does ABC-CS agrees to provide loans for all or any purpose.

My Main Occupation is _____
My Full Address _____ Pin Code _____
My Bank A/c No. _____ Name of the Bank _____ Branch _____

Regular Monthly Household Expenditure (₹) _____

My Family Details

Serial No.	Name	Relationship	Sex	Age	Occupation	Educational Status

Nomination

In case of my death/permanent disability, my nominee, _____, who is my _____ (relationship with customer), aged _____ years, and resident of _____, shall be entitled to receive from and settle any claims to Bank on my behalf.

Declaration

I hereby declare that the particulars given above are true and correct to the best of my knowledge and belief.

Nominee's Signature
Place:

Applicant's Signature
Date:

To be filled by ABC-CS Staff/ Associates (For Internal Use Only)

Comments by ABC-CS Staff/Associates (with focus on reputation, credibility and credit record of applicant)

Credibility Check by _____ Signature: _____
Place: _____ Date: _____