

**The Secretary,
State Bank Employees' Co-operative
Credit Society Ltd,
Gunfoundry : HYDERABAD - 500 001**



Branch : _____
Date : _____

A M No:	Br. Code:
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LIFE CERTIFICATE

I, do hereby certify that Shri / Smt. _____ S/o, W/o shri _____
Index No. _____, who is an Associate Member of State Bank Employees' Co-operative Credit Society Ltd.,
availing Superannuation Benefit, is alive on this day _____ Residing at (Full Address)

His/Her Pension payable account No. is SB/ OSB No. _____.

(Signature of the Associate Member)
ATTESTED

Branch Manager
(Office Seal)

TELEPHONE NOS:

Residence:.....

Mobile:.....

E Mail:.....

TO BE SUBMITTED ON OR BEFORE 30TH NOVEMBER EVERY YEAR