**UCOBANK RETIREES’ WELFARE TRUST**

**APPLICATION FOR MEMBERSHIP UNDERTHE HOSPITALISATION REIMBURSEMENT “JEEVAN RAKSHA” SCHEME**

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| Passport size  Photo of Self &Spouse |

To

The Trustees

UCO Bank Retirees’ Welfare Trust

G.R. Sreenivasa Murthy

#216, 6th cross, 6th main Road

Ideal Homes Township, R. R. Nagar

BANGALORE – 560 098.

Mob No: 9538838989

Dear Sir, Date:

I have read the UCO Bank Retirees Welfare Trust “Jeevan Raksha” Scheme being reimbursement of Hospitalisation Expenses. I am agreeable to the Terms and Conditions of the Scheme.

I am herewith donating a sum of Rs .................. to the UCO Bank Retirees’ Welfare Trust, by Cheque No(s)...................... to ............................dated...............to Date...............drawn on UCO Bank....................branch payable at .Bangalore. Or I have remitted a sum of Rs…………..(Rupees…………………) to Acc No. 06230101012321 in the name of the trust with our Jayanagar Branch, Bangalore. Please issue me a receipt for the donation made as soon as the cheque(s) is/are realized/ credit is confirmed. I give herewith the required particulars:

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| Sl No | Particulars | Details |
| 1 | Name of the Member (In Capitals) |  |
| 2 | Date of Birth / Age as on Date of Application |  |
| 3 | Name of the Spouse (In Capitals) |  |
| 4 | Present Address-Give complete Address  With Telephone / Mobile Number |  |
| 5 | If subscribed to any Medical Insurance Scheme, please give details |  |
| 6 | Name of the Insurance Coy/Welfare Fund |  |
| 7 | Amount of Insurance Covered (for both |  |
| 8 | Bank / Branch where the member is  maintaining A/c |  |
| 9 | CBS Account Number (14 Digit) |  |

Place: Bangalore.

Date Received:

Signature of Member Signature of Spouse