

Resolution by Self Help Group for Opening Savings Account

Name of SHG:
Address:
Date of Formation:
Total No. of Members:
Name of Facilitating Agency:

Resolution for Opening Savings Bank Account

Today on(Date), at the meeting of(name of SHG) at(meeting place of SHG/ address) in presence of all its members, it is resolved that our(name of SHG) will open a savings bank a/c in State Bank of IndiaBranch. It has also been further resolved that Shri/ Smt.....(Designation.....
.....Shri/Smt.....(
Designation.....), and shri/Smt
..... (Designation) will sign all the necessary document related to the opening of Savings Accounts representatives on behalf of(name of SHG). Transaction in the Savings a/c of the group will be done by joint signature of any two among the above-mentioned representatives.

The above resolution for Opening Saving Bank account is agreed and signed by all SHG members (Separate Sheet enclosed)

Signature

Signature

Signature

(Designation) (Designation) (Designation)

Seal of Self-Help Group

Date:

list of SHG Members

Sl No	Name	S/o	Age	Place	Signature
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