

Date

Fields mark with ( \* ) mandatory

### A. Loan Applicant Details (To be filled by the applicant)\*

Facility Sought  Loan  Overdraft    Tenure  Months    Security ownership  Self-owned  Joint-ownership  Third-party ownership

Security  Shares  Equity MF  Debt MF  FMP  LI Policy  Bonds  Others (Please Specify)

Group Code  Sales Manager Emp Code

### B. Personal and Employment Details

| Please tick (✓) as applicable                                     | Applicant  | Co-Applicant / Guarantor 1/ BO   |
|---|--|--|
| Are you an existing customer. If yes, please provide Customer ID  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="text"/>   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="text"/>   |
| Account No.   | <input type="text"/>   | <input type="text"/>   |
| Relation with Applicant   | <input type="text"/>   | <input type="text"/>   |
| Name* (Same as ID proof)  | <input type="text"/>   | <input type="text"/>   |
| Middle Name   | <input type="text"/>   | <input type="text"/>   |
| Last Name   | <input type="text"/>   | <input type="text"/>   |
| Maiden Name* (If any)   | <input type="text"/>   | <input type="text"/>   |
| Father Name*  | <input type="text"/>   | <input type="text"/>   |
| Middle Name   | <input type="text"/>   | <input type="text"/>   |
| Last Name   | <input type="text"/>   | <input type="text"/>   |
| Mother Name*  | <input type="text"/>   | <input type="text"/>   |
| Middle Name   | <input type="text"/>   | <input type="text"/>   |
| Last Name   | <input type="text"/>   | <input type="text"/>   |
| Constitution  | <input type="checkbox"/> Resident Indian <input type="checkbox"/> Non-Resident Indian <input type="checkbox"/> Foreign Nationals<br><input type="checkbox"/> Overseas Citizen of India <input type="checkbox"/> Person of Indian Origin  | <input type="checkbox"/> Resident Indian <input type="checkbox"/> Non-Resident Indian <input type="checkbox"/> Foreign Nationals<br><input type="checkbox"/> Overseas Citizen of India <input type="checkbox"/> Person of Indian Origin  |
| PAN CARD*/ GIR NO.  | <input type="text"/>   | <input type="text"/>   |
| Do you have a relationship with any politically exposed person/s? | <input type="checkbox"/> Y <input type="checkbox"/> N  | <input type="checkbox"/> Y <input type="checkbox"/> N  |
| *UID Aadhar No.   | <input type="text"/>   | <input type="text"/>   |
| DIN NO.*  | <input type="text"/>   | <input type="text"/>   |
| Udyog Aadhar No.  | <input type="text"/>   | <input type="text"/>   |
| Date of Birth (DD/MM/YYYY)* and Gender                            | <input type="text"/> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Gender  | <input type="text"/> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Gender  |
| CKYC Number   | <input type="text"/>   | <input type="text"/>   |
| Nationality   | <input type="checkbox"/> Indian <input type="checkbox"/> Others _____  | <input type="checkbox"/> Indian <input type="checkbox"/> Others _____  |
| Registration No.*   | <input type="text"/>   | <input type="text"/>   |
| Date of Establishment/Commencement:                               | <input type="text"/>   | <input type="text"/>   |
| Category  | <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General  | <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General  |
| Religion  | <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh<br><input type="checkbox"/> Jain <input type="checkbox"/> Buddhist <input type="checkbox"/> Parsi <input type="checkbox"/> Others _____  | <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh<br><input type="checkbox"/> Jain <input type="checkbox"/> Buddhist <input type="checkbox"/> Parsi <input type="checkbox"/> Others _____  |
| Source of Fund*   | <input type="checkbox"/> Salaried <input type="checkbox"/> Investment <input type="checkbox"/> Professional Fees<br><input type="checkbox"/> Business Earnings <input type="checkbox"/> Commission <input type="checkbox"/> Agriculture  | <input type="checkbox"/> Salaried <input type="checkbox"/> Investment <input type="checkbox"/> Professional Fees<br><input type="checkbox"/> Business Earnings <input type="checkbox"/> Commission <input type="checkbox"/> Agriculture  |
| Person with disability  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Marital Status  | <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Other _____   | <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Other _____   |
| Education   | <input type="checkbox"/> Matriculate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate<br><input type="checkbox"/> Postgraduate <input type="checkbox"/> Professional <input type="checkbox"/> Others _____   | <input type="checkbox"/> Matriculate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate<br><input type="checkbox"/> Postgraduate <input type="checkbox"/> Professional <input type="checkbox"/> Others _____   |
| Occupation Type*  | <input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed<br><input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student<br><input type="checkbox"/> Self Employed <input type="checkbox"/> Politician   | <input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed<br><input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student<br><input type="checkbox"/> Self Employed <input type="checkbox"/> Politician   |
| If Salaried, Type of Organization* (tick the relevant option)     | <input type="checkbox"/> Pvt Ltd <input type="checkbox"/> Public Ltd <input type="checkbox"/> Proprietorship<br><input type="checkbox"/> Partnership firm <input type="checkbox"/> Public Sector <input type="checkbox"/> Government<br><input type="checkbox"/> Multinational <input type="checkbox"/> Trust/Association/Society/Club   | <input type="checkbox"/> Pvt Ltd <input type="checkbox"/> Public Ltd <input type="checkbox"/> Proprietorship<br><input type="checkbox"/> Partnership firm <input type="checkbox"/> Public Sector <input type="checkbox"/> Government<br><input type="checkbox"/> Multinational <input type="checkbox"/> Trust/Association/Society/Club   |
| If Self Employed, Nature of Business* (tick the relevant option)  | <b>Nature of Employment</b><br><small>(As per the type of organization selected above, mention the details of profession example: Director/Banker/Agent)</small><br><input type="checkbox"/> Information Technology <input type="checkbox"/> Professional Service Provider<br><input type="checkbox"/> Agriculture <input type="checkbox"/> Real Estate <input type="checkbox"/> Bullion /Gold Jewellery<br><input type="checkbox"/> Stock Broker <input type="checkbox"/> Trader <input type="checkbox"/> Money Lender<br>*No. of Years in Business <input type="text"/> <input type="text"/><br>Description of Business _____<br><small>(As per the Nature of Business selected above, mention the details of Business example: Tour Operators/Trading of food products)</small> | <b>Nature of Employment</b><br><small>(As per the type of organization selected above, mention the details of profession example: Director/Banker/Agent)</small><br><input type="checkbox"/> Information Technology <input type="checkbox"/> Professional Service Provider<br><input type="checkbox"/> Agriculture <input type="checkbox"/> Real Estate <input type="checkbox"/> Bullion /Gold Jewellery<br><input type="checkbox"/> Stock Broker <input type="checkbox"/> Trader <input type="checkbox"/> Money Lender<br>*No. of Years in Business <input type="text"/> <input type="text"/><br>Description of Business _____<br><small>(As per the Nature of Business selected above, mention the details of Business example: Tour Operators/Trading of food products)</small> |

1. Certified copy of OVD or Equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

|                                     |   |   |
|-------------------------------------|---|---|
| Passport No.*                       | <input type="text"/>  | <input type="text"/>  |
| Passport Expiry date*               | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Voter ID Card No.*                  | <input type="text"/>  | <input type="text"/>  |
| Driving License No.*                | <input type="text"/>  | <input type="text"/>  |
| Driving Expiry date*                | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| NREGA Job card                      | <input type="text"/>  | <input type="text"/>  |
| National Population Register Letter | <input type="text"/>  | <input type="text"/>  |
| Proof of possession of Aadhaar      | <input type="text"/>  | <input type="text"/>  |
| E-KYC Authentication                | <input type="text"/>  | <input type="text"/>  |
| Offline verification of Aadhaar     | <input type="text"/>  | <input type="text"/>  |



|   |  |  |
|---|--|--|
| <b>GSTIN DETAILS*</b><br>Whether registered under GST<br>(If yes, following details are mandatory)<br><br>GST Registration<br>GST Annexure for multiple GST Registration*<br>GSTIN (Default)<br>GSTIN Registration Date<br>Address registered for GSTIN | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GST Exemption <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Exemption Reason (if yes) _____<br>Exemption Valid till (if yes) DDMMYY<br><input type="checkbox"/> Single <input type="checkbox"/> *Multiple Special Economic Zone Y N<br>Special economic zone code (if Y) _____<br>_____<br>DDMMYY<br><input type="checkbox"/> Same as present address <input type="checkbox"/> Same as permanent address<br><input type="checkbox"/> Same as office address <input type="checkbox"/> Others (use GST annexure) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GST Exemption <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Exemption Reason (if yes) _____<br>Exemption Valid till (if yes) DDMMYY<br><input type="checkbox"/> Single <input type="checkbox"/> Multiple* Special Economic Zone Y N<br>Special economic zone code (if Y) _____<br>_____<br>DDMMYY<br><input type="checkbox"/> Same as present address <input type="checkbox"/> Same as permanent address<br><input type="checkbox"/> Same as office address <input type="checkbox"/> Others (use GST annexure) |
|---|--|--|

| Additional details required for NRI Applicant  |                                  |
|--|----------------------------------|
| Country Name _____   | Country Code _____               |
| If applicant resident for tax purposes in Jurisdiction outside India <input type="checkbox"/> Yes <input type="checkbox"/> No  | Jurisdiction of residence: _____ |
| Tax Identification Number or equivalent (If issued by jurisdiction) _____  |                                  |
| Country of Birth _____   | City/Place of Birth _____        |
| If address in jurisdiction where application is resident is same as Current/ Permanent/ Overseas or Correspondence/ Local address details <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |
| Address in Jurisdiction _____  | City / Town / Village _____      |
| State _____  | Country: ZIP/Post Code _____     |

| Please tick (✓) as applicable                                      | Co-Applicant / Guarantor 2 / BO  | Co-Applicant / Guarantor 3 / BO  |
|--|--|--|
| Are you an existing customer. If yes, please provide Customer ID   | <input type="checkbox"/> Y <input type="checkbox"/> N _____  | <input type="checkbox"/> Y <input type="checkbox"/> N _____  |
| Account No.  | _____  | _____  |
| Relation with Applicant  | _____  | _____  |
| Name* (Same as ID)   | _____  | _____  |
| Middle Name  | _____  | _____  |
| Last Name  | _____  | _____  |
| Maiden Name* (If any)  | _____  | _____  |
| Father Name*   | _____  | _____  |
| Middle Name  | _____  | _____  |
| Last Name  | _____  | _____  |
| Mother Name*   | _____  | _____  |
| Middle Name  | _____  | _____  |
| Last Name  | _____  | _____  |
| Status   | <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident<br><input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin  | <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident<br><input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin  |
| PAN Card*  | _____  | _____  |
| Do you have a relationship with any* politically exposed person/s? | <input type="checkbox"/> Y <input type="checkbox"/> N  | <input type="checkbox"/> Y <input type="checkbox"/> N  |
| UID Aadhar No.*  | ■■■■■■■■■■   | ■■■■■■■■■■   |
| DIN NO*  | _____  | _____  |
| Date of Birth (DD/MM/YYYY)*and Gender                              | DDMMYY <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Gender   | DDMMYY <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Gender   |
| CKYC Number  | _____  | _____  |
| Nationality and Community  | _____  | _____  |
| Category   | <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General  | <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General  |
| Religion   | <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Jain<br><input type="checkbox"/> Buddhist <input type="checkbox"/> Parsi <input type="checkbox"/> Others_____ | <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Jain<br><input type="checkbox"/> Buddhist <input type="checkbox"/> Parsi <input type="checkbox"/> Others_____ |
| Person with disability   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Marital Status and Number of Dependant                             | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other _____ No. of Dependents _____  | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other _____ No. of Dependents _____  |
| Father / Spouse's Name   | _____  | _____  |
| E-mail Address*  | _____  | _____  |
| Phone Details (STD Code - Tel. Res.)                               | _____  | _____  |
| Mobile Number*   | _____  | _____  |
| Source of Fund*  | <input type="checkbox"/> Salaried <input type="checkbox"/> Investment <input type="checkbox"/> Professional Fees<br><input type="checkbox"/> Business Earnings <input type="checkbox"/> Commission <input type="checkbox"/> Agriculture                                | <input type="checkbox"/> Salaried <input type="checkbox"/> Investment <input type="checkbox"/> Professional Fees<br><input type="checkbox"/> Business Earnings <input type="checkbox"/> Commission <input type="checkbox"/> Agriculture                                |
| Education  | <input type="checkbox"/> Matriculate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate<br><input type="checkbox"/> Postgraduate <input type="checkbox"/> Professional <input type="checkbox"/> Others_____                                      | <input type="checkbox"/> Matriculate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate<br><input type="checkbox"/> Postgraduate <input type="checkbox"/> Professional <input type="checkbox"/> Others_____                                      |
| Occupation Type*   | <input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed   | <input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed   |
|  | <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student   | <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student   |
|  | <input type="checkbox"/> Self Employed <input type="checkbox"/> Politician   | <input type="checkbox"/> Self Employed <input type="checkbox"/> Politician   |
| If Salaried, Type of Organization*<br>(tick the relevant option)   | <input type="checkbox"/> Pvt Ltd <input type="checkbox"/> Public Ltd <input type="checkbox"/> Proprietorship   | <input type="checkbox"/> Pvt Ltd <input type="checkbox"/> Public Ltd <input type="checkbox"/> Proprietorship   |
|  | <input type="checkbox"/> Partnership firm <input type="checkbox"/> Public Sector <input type="checkbox"/> Government   | <input type="checkbox"/> Partnership firm <input type="checkbox"/> Public Sector <input type="checkbox"/> Government   |
|  | <input type="checkbox"/> Multinational <input type="checkbox"/> Trust/Association/Society/Club   | <input type="checkbox"/> Multinational <input type="checkbox"/> Trust/Association/Society/Club   |
|  | Nature of Employment _____<br><small>(As per the type of organization selected above, mention the details of profession example: Director/Banker/Agent)</small>  | Nature of Employment _____<br><small>(As per the type of organization selected above, mention the details of profession example: Director/Banker/Agent)</small>  |

|   |  |   |  |
|---|--|---|--|
| If Self Employed, Nature of Business*<br>(tick the relevant option)   | <input type="checkbox"/> Information Technology <input type="checkbox"/> Professional Service Provider                     | <input type="checkbox"/> Information Technology <input type="checkbox"/> Professional Service Provider  |  |
|   | <input type="checkbox"/> Agriculture <input type="checkbox"/> Real Estate <input type="checkbox"/> Bullion /Gold Jewellery | <input type="checkbox"/> Agriculture <input type="checkbox"/> Real Estate <input type="checkbox"/> Bullion /Gold Jewellery                      |  |
|   | <input type="checkbox"/> Stock Broker <input type="checkbox"/> Trader <input type="checkbox"/> Money Lender                | <input type="checkbox"/> Stock Broker <input type="checkbox"/> Trader <input type="checkbox"/> Money Lender                                     |  |
|   | *No. of Years in Business <input type="text" value="0"/> <input type="text" value="0"/>                                    | *No. of Years in Business <input type="text" value="0"/> <input type="text" value="0"/>   |  |
| Description of Business .....   | Description of Business .....  |   |  |
| <small>(As per the Nature of Business selected above, mention the details of Business example: Tour Operators/Trading of food products)</small> |  | <small>(As per the Nature of Business selected above, mention the details of Business example: Tour Operators/Trading of food products)</small> |  |

1. Certified copy of OVD or Equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

|  |  |  |
|--|--|--|
| Passport No.*  | <input type="text"/>   | <input type="text"/>   |
| Passport Expiry date*  | <input type="text"/>   | <input type="text"/>   |
| Voter ID Card No.*   | <input type="text"/>   | <input type="text"/>   |
| Driving License No.*   | <input type="text"/>   | <input type="text"/>   |
| Driving Expiry date*   | <input type="text"/>   | <input type="text"/>   |
| NREGA Job card   | <input type="text"/>   | <input type="text"/>   |
| National Population Register Letter  | <input type="text"/>   | <input type="text"/>   |
| Proof of possession of Aadhaar   | <input type="text"/>   | <input type="text"/>   |
| E-KYC Authentication   | <input type="text"/>   | <input type="text"/>   |
| Offline verification of Aadhaar  | <input type="text"/>   | <input type="text"/>   |
| Corporate Identification Number (CIN)  | <input type="text"/>   | <input type="text"/>   |
| Annual Income*<br><small>(Only Absolute and numeric value to be filled)</small>  | <input type="text"/>   | *Annual Income<br><small>(Only Absolute and numeric value to be filled)</small> <input type="text"/>   |
| Source of wealth*:<br><small>(For individual applicant/co applicant who is a PEP)</small>  | <input type="checkbox"/> Inherited Funds <input type="checkbox"/> Property <input type="checkbox"/> Investment <input type="checkbox"/> NIL<br><input type="checkbox"/> Others (pl. specify) _____<br><b>Wealth (In absolute Fig):</b> _____   | <input type="checkbox"/> Inherited Funds <input type="checkbox"/> Property <input type="checkbox"/> Investment <input type="checkbox"/> NIL<br><input type="checkbox"/> Others (pl. specify) _____<br><b>Wealth (In absolute Fig):</b> _____   |
| For Non-Individual (In case Applicable)<br>Constitution (tick the relevant option)   | <input type="checkbox"/> Hindu Undivided Family <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership Firm<br><input type="checkbox"/> Private Ltd Companies <input type="checkbox"/> Public Ltd Companies <input type="checkbox"/> Trust<br><input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other Financial Institutions  | <input type="checkbox"/> Hindu Undivided Family <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership Firm<br><input type="checkbox"/> Private Ltd Companies <input type="checkbox"/> Public Ltd Companies <input type="checkbox"/> Trust<br><input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other Financial Institutions  |
| Occupation/Nature Of Business<br><small>(tick the relevant option)</small>   | <input type="checkbox"/> Manufacturing <input type="checkbox"/> Service Provider <input type="checkbox"/> Stock broker <input type="checkbox"/> Real estate<br><input type="checkbox"/> Trading (Retail/Wholesale) <input type="checkbox"/> Transport <input type="checkbox"/> Education <input type="checkbox"/> Bullion  | <input type="checkbox"/> Manufacturing <input type="checkbox"/> Service Provider <input type="checkbox"/> Stock broker <input type="checkbox"/> Real estate<br><input type="checkbox"/> Trading (Retail/Wholesale) <input type="checkbox"/> Transport <input type="checkbox"/> Education <input type="checkbox"/> Bullion  |
| Description of Business<br><small>(As per the Nature of Business selected above, mention the details of Business example: Tour Operators/Trading of food products)</small> | <input type="text"/>   | <input type="text"/>   |
| Annual Turnover* <small>(Only Absolute and numeric value to be filled)</small>   | <input type="text"/>   | <input type="text"/>   |
| No. of Years in Business:  | <input type="text"/>   | <input type="text"/>   |
| Source of Fund* <small>(tick the relevant Option)</small>  | <input type="checkbox"/> Business Income <input type="checkbox"/> Equity Investment <input type="checkbox"/> Donation Grant<br><input type="checkbox"/> From Group Company Customer Signature with stamp _____   | <input type="checkbox"/> Business Income <input type="checkbox"/> Equity Investment <input type="checkbox"/> Donation Grant<br><input type="checkbox"/> From Group Company Customer Signature with stamp _____   |
| Date of Incorporation :  | <input type="text"/> (Please mention the year since applicant is in the activity in case of individuals)   | <input type="text"/> (Please mention the year since applicant is in the activity in case of individuals)   |
| Place Of Incorporation*:   | <input type="text"/>   | <input type="text"/>   |
| Country of Incorporation*:   | <input type="text"/>   | <input type="text"/>   |
| Proof of Identity  | <input type="checkbox"/> Officially valid document(s) in respect of person authorized to transact<br><input type="checkbox"/> Certificate of Incorporation/Formation _____<br><input type="checkbox"/> Registration certificate _____<br><input type="checkbox"/> Memorandum and Articles of Association<br><input type="checkbox"/> Trust Deed <input type="checkbox"/> Resolution of Board / Managing Committee<br><input type="checkbox"/> Power of attorney granted to its manager, officers or employees to transact on its behalf<br><input type="checkbox"/> Activity Proof - 1 (For Sole Proprietorship Only)<br><input type="checkbox"/> Activity Proof - 2 (For Sole Proprietorship Only)<br><input type="checkbox"/> Partnership deed | <input type="checkbox"/> Officially valid document(s) in respect of person authorized to transact<br><input type="checkbox"/> Certificate of Incorporation/Formation _____<br><input type="checkbox"/> Registration certificate _____<br><input type="checkbox"/> Memorandum and Articles of Association<br><input type="checkbox"/> Trust Deed <input type="checkbox"/> Resolution of Board / Managing Committee<br><input type="checkbox"/> Power of attorney granted to its manager, officers or employees to transact on its behalf<br><input type="checkbox"/> Activity Proof - 1 (For Sole Proprietorship Only)<br><input type="checkbox"/> Activity Proof - 2 (For Sole Proprietorship Only)<br><input type="checkbox"/> Partnership deed |
| Related Person Type  | <input type="text"/> Number of related persons<br><input type="checkbox"/> Promoter <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Karta<br><input type="checkbox"/> Trustee <input type="checkbox"/> Court Appointment Official <input type="checkbox"/> Beneficial Owner<br><input type="checkbox"/> Personal Guarantor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Authorized Signatory<br><input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Other (Please Specify)   | <input type="text"/> Number of related persons<br><input type="checkbox"/> Promoter <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Karta<br><input type="checkbox"/> Trustee <input type="checkbox"/> Court Appointment Official <input type="checkbox"/> Beneficial Owner<br><input type="checkbox"/> Personal Guarantor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Authorized Signatory<br><input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Other (Please Specify)   |
| Related person Name  | <input type="text"/>   | <input type="text"/>   |
| Phone Details (STD Code - Tel. Res.)   | <input type="text"/>   | <input type="text"/>   |
| Corporate Office Address / Residence Address<br>(Present Address) / Principle Address*   | <input type="text"/>   | <input type="text"/>   |
| Mailing Address <input type="checkbox"/>   | PIN* <input type="text"/> City* <input type="text"/><br>Districts <input type="text"/><br>State <input type="text"/> Country* <input type="text"/>   | PIN* <input type="text"/> City* <input type="text"/><br>Districts <input type="text"/><br>State <input type="text"/> Country* <input type="text"/>   |

|   |   |   |
|---|---|---|
| Nearest Landmark (Present address)  | <input type="text"/>  | <input type="text"/>  |
| No. of Months in the current residence  | <input type="text"/> Years <input type="text"/> Months  | <input type="text"/> Years <input type="text"/> Months  |
| No. of Months in the city   | <input type="text"/> Years <input type="text"/> Months  | <input type="text"/> Years <input type="text"/> Months  |
| Registered Office Address / Residence Address (Permanant Address) / Principle Assress*          | <input type="text"/><br><input type="text"/><br><input type="text"/><br>PIN* <input type="text"/> City* <input type="text"/><br>Districts <input type="text"/><br>State <input type="text"/> Country* <input type="text"/>                        | <input type="text"/><br><input type="text"/><br><input type="text"/><br>PIN* <input type="text"/> City* <input type="text"/><br>Districts <input type="text"/><br>State <input type="text"/> Country* <input type="text"/>                        |
| Mailing Address <input type="checkbox"/>  |   |   |
| Nearest Landmark  | <input type="text"/>  | <input type="text"/>  |
| <b>GSTIN DETAILS*</b><br>Whether registered under GST (If yes, following details are mandatory) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GST Exemption <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Exemption Reason (if yes) _____<br>Exemption Valid till (if yes) <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GST Exemption <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Exemption Reason (if yes) _____<br>Exemption Valid till (if yes) <input type="text"/> |
| GST Registration<br>*GST Annexure for multiple GST Registration                                 | <input type="checkbox"/> Single <input type="checkbox"/> *Multiple Special Economic Zone <input type="text"/><br>Special economic zone code (if Y) _____  | <input type="checkbox"/> Single <input type="checkbox"/> *Multiple Special Economic Zone <input type="text"/><br>Special economic zone code (if Y) _____  |
| GSTIN (Default)   | <input type="text"/>  | <input type="text"/>  |
| GSTIN Registration Date   | <input type="text"/>  | <input type="text"/>  |
| Address registered for GSTIN  | <input type="checkbox"/> Same as present address <input type="checkbox"/> Same as permanent address<br><input type="checkbox"/> Same as office address <input type="checkbox"/> Others (use GST annexure)   | <input type="checkbox"/> Same as present address <input type="checkbox"/> Same as permanent address<br><input type="checkbox"/> Same as office address <input type="checkbox"/> Others (use GST annexure)   |

| Additional details required for NRI Applicant  |   |
|--|---|
| Country Name <input type="text"/>  | Country Code <input type="text"/>               |
| If applicant resident for tax purposes in Jurisdiction outside India <input type="checkbox"/> Yes <input type="checkbox"/> No  | Jurisdiction of residence: <input type="text"/> |
| Tax Identification Number or equivalent (If issued by jurisdiction) <input type="text"/>   |   |
| Country of Birth <input type="text"/>  | City/Place of Birth <input type="text"/>        |
| If address in jurisdiction where application is resident is same as Current/ Permanent/ Overseas or Correspondence/ Local address details <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Address in Jurisdiction <input type="text"/>   | City / Town / Village <input type="text"/>      |
| State <input type="text"/>   | Country: ZIP/Post Code <input type="text"/>     |

| C. Financial Details of The Applicant ( To be filled by the Applicant) |                                    |                                   |                                 |                             |
|--|------------------------------------|-----------------------------------|---------------------------------|-----------------------------|
| For Salaried (Monthly in Rupees)                                       | Gross sal. <input type="text"/>    | Net sal. <input type="text"/>     | Other inc. <input type="text"/> | Total: <input type="text"/> |
| For Self Employed: (Annually in Rupees) :                              | Gross sal. <input type="text"/>    | Net sal. <input type="text"/>     | Other inc. <input type="text"/> | Total: <input type="text"/> |
| Investment Details:  | Shares: <input type="text"/>       | Mutual funds <input type="text"/> | Debt funds <input type="text"/> | Bonds <input type="text"/>  |
| Life Insurance:  | Term Deposits <input type="text"/> | Others _____                      |                                 |                             |
| Total Investment   | <input type="text"/>               |                                   |                                 |                             |

This form is processed automated system. Please ensure that all mandatory fields have been filled correctly else the form is liable to be rejected  
 Details of borrowings against shares/Securities availed from other Bank/Financial institutions

| Sr. | Name of the Bank / Financial Institution | Sanction limit (In ₹) |
|-----|--|-----------------------|
| 1.  |  |                       |
| 2.  |  |                       |
| 3.  |  |                       |
| 4.  |  |                       |

| D. Purpose of Loan                        |  |  |  |  |
|---|--|--|--|--|
| <input type="checkbox"/> Domestic Purpose | <input type="checkbox"/> Acquisition of Property | <input type="checkbox"/> Purchase of Equipment | <input type="checkbox"/> Working Capital | <input type="checkbox"/> Renovation of current business premises       |
| <input type="checkbox"/> Education        | <input type="checkbox"/> Home Renovation         | <input type="checkbox"/> Marriage              | <input type="checkbox"/> Personal        | <input type="checkbox"/> Business <input type="checkbox"/> Other _____ |



## Consent

If you are happy to provide your consent, please tick the appropriate boxes below: I consent to the processing of my sensitive personal data for the purposes of:

- Developing and carry out sourcing activities through LAS account opening channels;
- Developing, marketing, for cross selling and communicating their products and services to me;
- Data analytics on my personal data to understand usage of products and services and creating opportunities to offer better products and services;
- Processing data as the Bank's Cookie Policy over Axis Bank's digital channels relating to behavioral pattern and develop relevant products.

I consent to Axis Bank and/or its affiliates/subsidiaries/ to send marketing communications in respect of its various products and services from time to time by:

- Email
- SMS text messages
- Telephone

Data collection form to be updated to include privacy notice link.

Language for Axis bank privacy notice :-

"Where can you find more information about our processing of your personal data?"

You can find out more about how we process your personal data, including the types of personal data we process and who we share it with, by reading our Customer Privacy Notice available online at <https://www.axisbank.com/privacy-policy>"

Applicant Signature

Co -Applicant Signature

Co -Applicant Signature

### H. Details of the Securities to be Pledged (to be filled by the Applicant)

Loan/Overdraft against shares is the demat account held with Axis Bank?

If no, please specify the Bank where Demat account is held

Demate A/c No.

Details of the security sought to be pledged:

| Sr. | Particulars of the Security | Identification / Folio no. / Demat Account No. of the Security* | Quantity of Shares/ Mutual Fund | Face value/Surrender value of the Security* |
|-----|-----------------------------|---|---------------------------------|---|
| 1   |                             |   |                                 |   |
| 2   |                             |   |                                 |   |
| 3   |                             |   |                                 |   |
| 4   |                             |   |                                 |   |
| 5   |                             |   |                                 |   |

\*Please specify the surrender value in case of Insurance Policies

Mode of payment of processing fees  To be collected up-front Amount of processing fees

Cheque Number  Dated                      Drawn on Bank and Branch

Mode of operation in the overdraft account  Self  Jointly  Anyone/Survivor  As authorised by Board Resolution  Others (Specify if others)

### I. Specific customer disclosure in respective of relationship with Director/Senior Officer of the Bank/any other Bank

#### Customer Declaration in respect of relationship with Director/Senior Officer of the Bank/any other bank

|  |                              |                             |
|--|------------------------------|-----------------------------|
| I/We am/are director(s) of Axis Bank Limited and also a director(s) / partner(s), manager(s), managing agent (s), employee (s), or guarantor(s) or holder(s) of substantial interest of the borrower or its subsidiary or its holding company.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I/We am/are director(s) of any other bank or the subsidiaries of any of the banks or trustees of mutual funds / venture capital funds set up by the banks and also a director(s) / partner(s), manager(s), managing agent(s), employee(s) or guarantor(s) or holder(s) of substantial interest of the borrower.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I/We am/are the relative(s) of the director(s) of Axis Bank Limited or any other Bank, as defined by extant guidelines of RBI from time to time, and also a director(s) / partner(s) or guarantor(s) or major shareholder(s) or in control of the borrower or a major shareholder(s) or in control of the holding or subsidiary company of the borrower. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I/We am/are senior official(s) of the Bank or relative of the senior official of the Bank , as defined by extant guidelines of RBI from time to time, and also a director(s) / partner(s), or guarantor(s) or holder(s) of substantial interest of the borrower.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If any of the above clause is applicable, then please furnish the details. In case if any of the above stated declarations are breached during the tenor of the facility, the borrower shall inform the bank immediately. In case of non-compliance with the undertaking or giving wrong undertaking in relation to the provisions Connected Lending/Section 20 of the BR Act, at any time during the currency of loan, the Bank reserves the right to recall the loan immediately

The Applicant/Co-applicant(s) declare(s) that the Applicant/Co-applicant(s) is/are related to the director(s) and/or Senior Officer(s) of the Bank or of any other Banks as specified hereto.

| Sr. No. | Name of Director(s)/Senior Officer(s) | Designation | Relationship |
|---------|---------------------------------------|-------------|--------------|
| 1       |                                       |             |              |
| 2       |                                       |             |              |
| 3       |                                       |             |              |





(Please tick the applicable tax resident declaration (Any one)\*)

I am a tax resident of India and not resident of any other country OR  I am a tax resident of the country/ies mentioned in the table below:

Please indicate the county/ies in which the entity is a resident for tax purposes and the associated Tax Number below:

City of Birth\*

Country of Birth\*

Address Type for Tax Purposes\*  Resident  Business  Registered office

| Country# | Tax Identification Number % | Identification Type (TIN or Other, please specify)% | Address for Tax Purpose*                     |                   |                               |
|----------|-----------------------------|---|--|-------------------|-------------------------------|
|          |                             |   | Communication Address                        | Permanent Address | Please note the address below |
|          |                             |   |  |                   |                               |
|          |                             |   | Landmark _____                               |                   |                               |
|          |                             |   | PIN[ ][ ][ ][ ][ ] State _____ Country _____ |                   |                               |

#To also include USA, where the individual is citizen/green card holder of USA % In case Tax Identification number is not available, kindly provide functional equivalent FATCA-CRS Certification: I have understood the information requirements of this form (read along with the FATCA/CRS instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

Signature \_\_\_\_\_

(Filling of all the fields is mandatory and No. field should be left Blank. User should either provide details or should mention NA to avoid any data fudging in blank spaces)

## DETAILS OF CHARGES\*

|  |   |
|--|---|
| 1 Processing Fee Charges                               | Upto 0.50% of sanctioned loan amount or Rs 2000/- whichever is higher plus GST  |
| 2 Penal Charges  | Financial Default 8% p.a. above applicable interest rate on the overdue amount (subject to the aggregate not exceeding Rs. 1,00,000/- per instance) |
| 3 ATM Issuance Charges                                 | _____ plus GST as applicable  |
| 4 ATM Annual Maintenance Charges                       | _____ plus GST as applicable  |
| 5 Repayment Instruction/Instrument Return charges      | _____ plus GST as applicable per instance   |
| 6 Cash Deposit Charges (Home Branch)                   | _____ plus GST as applicable  |
| 7 Cash Deposit Charges (Non Home Branch)               | _____ plus GST as applicable  |
| 8 Cash Withdrawal Charges (Home Branch)                | Free  |
| 9 Cash Withdrawal Charges (Non Home Branch)            | _____ plus GST as applicable  |
| 10 NEFT  | As applicable   |
| 11 RTGS  | As applicable   |
| 12 IMPS  | As applicable   |
| 13 Account Statement - By post and e-mail              | Free  |
| 14 Account Statement - Duplicate statement from Branch | _____ per statement plus GST as applicable  |
| 15 DP Charges / Pledge Charges                         | As applicable (will vary across various DP/Fund House) plus GST as applicable   |
| 16 Renewal Charges                                     | _____ plus GST as applicable  |
| 17 Prepayment Charges/ Foreclosure Charges             | NA  |
| 18 Stamp duty Charges                                  | As applicable   |

- Goods and Services tax (GST) will be charged extra as per the applicable rates, on all the charges and fees (wherever GST is applicable).
- Charges for other services are levied as applicable to ordinary current account. For Details please visit bank website [www.axisbank.com](http://www.axisbank.com)
- The said Penal Charges will be subject to GST as per applicable law on Goods and Service Tax in India, and GST will be charged separately.
- \*Financial Default includes all types of payment or financial defaults/irregularities with respect to your Loan Account.

Applicant Signature

Co-Applicant/Guarantor-1  
Signature

Co-Applicant/Guarantor-2  
Signature

Co-Applicant/Guarantor-3  
Signature

### Acknowledgment For Receipt Of Application Form

Date

Serial Number

To, \_\_\_\_\_

Axis Bank will convey its decision within 30 working days from the date of receipt of the application provided the application is complete in all respects and is submitted along with all the documents as per 'check list' provided in the application for loan and/or any additional documents as may be required by the bank for proper appraisal of the application. The computation of 30 days shall start from the day on which all documents required for a proper appraisal of the application are provided by the Customer to bank.

For any queries / clarifications, please contact landline number \_\_\_\_\_ Sales Executive \_\_\_\_\_

Sales Manager \_\_\_\_\_ E-mail ID \_\_\_\_\_

DSA \_\_\_\_\_

### Nomination acknowledgement

- I. We acknowledge receipt of nomination made by you in favour of:

Name of nominee \_\_\_\_\_ Age: \_\_\_\_\_ year with respect to your application

No. \_\_\_\_\_

- II. No nominee for the account since nomination facility not availed by the account holder.

Signature of Bank Official \_\_\_\_\_

According to RBI's nomination guidelines, it is necessary to register a nominee on accounts opened under a single name. Appointing a nominee is beneficial for the following reasons:

1. If the account holder dies, the bank will easily pass on the account to the nominee
2. Hassle-free formalities for the nominee while claiming benefits

