


 Date 

D	D	M	M	Y	Y	Y	Y
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### 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																
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.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Relation with Applicant	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Name* (Same as ID proof)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Middle Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Last Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Maiden Name* (If any)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Father Name*	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Middle Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Last Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Mother Name*	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Middle Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Last Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Status	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin																
Constitution	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited Company																
Nature of Business	<input type="checkbox"/> Business <input type="checkbox"/> Services <input type="checkbox"/> Other (Pl. specify)	<input type="checkbox"/> Business <input type="checkbox"/> Services <input type="checkbox"/> Other (Pl. specify)																
PAN CARD / GIR NO.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
*UID Aadhar No.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Udyog Aadhar No.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Registration No./Passport No./Voter ID/Driving License	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Passport No./Driving License	Expiry date <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Expiry date <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
D	D	M	M	Y	Y	Y	Y											
Date of Birth (DD/MM/YYYY) and Gender	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Gender	D	D	M	M	Y	Y	Y	Y	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Gender	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
D	D	M	M	Y	Y	Y	Y											
CKYC Number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others	<input type="checkbox"/> Indian <input type="checkbox"/> Others																
Registration No.*	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Date of Establishment/Commencement:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
D	D	M	M	Y	Y	Y	Y											
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 <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 <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	<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 <input type="checkbox"/> Postgraduate <input type="checkbox"/> Professional <input type="checkbox"/> Others_____	<input type="checkbox"/> Matriculate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Professional <input type="checkbox"/> Others_____																
Occupation Type	<input type="checkbox"/> <b>Service</b> <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector	<input type="checkbox"/> <b>Service</b> <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector																
	<input type="checkbox"/> <b>Others</b> <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed	<input type="checkbox"/> <b>Others</b> <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed																
	<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"/> <b>Business</b> <input type="checkbox"/> <b>Not Categorized</b>	<input type="checkbox"/> <b>Business</b> <input type="checkbox"/> <b>Not Categorized</b>																
E-mail Address*	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Phone Details (STD Code - Tel. Res.)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Mobile Number*	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Corporate Office Residence Address (Present Address)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Mailing Address <input type="checkbox"/>	PIN <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> City <input style="width: 100px;" type="text"/> State <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Country <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	PIN <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> City <input style="width: 100px;" type="text"/> State <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Country <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>																
Nearest Landmark (Present address)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Registered Office Residence Address (Permanent Address)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Mailing Address <input type="checkbox"/>	PIN <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> City <input style="width: 100px;" type="text"/> State <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Country <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	PIN <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> City <input style="width: 100px;" type="text"/> State <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Country <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>																

Nearest Landmark (Present address)	<input type="text"/>	<input type="text"/>
Address (Office)	<input type="text"/>	<input type="text"/>
Mailing Address <input type="checkbox"/>	PIN <input type="text"/> City <input type="text"/> State <input type="text"/> Country <input type="text"/>	PIN <input type="text"/> City <input type="text"/> State <input type="text"/> Country <input type="text"/>
<b>GSTIN DETAILS</b> 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 Exemption Reason (if yes) _____ 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 Exemption Reason (if yes) _____ Exemption Valid till (if yes) <input type="text"/>
GST Registration *GST Annexure for multiple GST Registration	<input type="checkbox"/> Single <input type="checkbox"/> *Multiple Special Economic Zone <input type="text"/> Special economic zone code (if Y) _____	<input type="checkbox"/> Single <input type="checkbox"/> *Multiple Special Economic Zone <input type="text"/> 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 <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 <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"/>

Please tick (✓) as applicable	Co-Applicant / Guarantor 2	Co-Applicant / Guarantor 3
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)	<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"/>
Status	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin
PAN Card	<input type="text"/>	<input type="text"/>
*UID Aadhar No.	<input type="text"/>	<input type="text"/>
Passport no. / Voter ID / Driving License	<input type="text"/>	<input type="text"/>
Passport no. / Driving License	Expiry Date <input type="text"/>	Expiry Date <input type="text"/>
Date of Birth (DD/MM/YYYY) and Gender	<input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Gender	<input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Gender
CKYC Number	<input type="text"/>	<input type="text"/>
Nationality and Community	<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 <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 <input type="checkbox"/> Jain <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="text"/>	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other _____ No. of Dependents <input type="text"/>
Father / Spouse's Name	<input type="text"/>	<input type="text"/>
E-mail Address*	<input type="text"/>	<input type="text"/>
Phone Details (STD Code - Tel. Res.)	<input type="text"/>	<input type="text"/>
Mobile Number	<input type="text"/>	<input type="text"/>
Resident Address (Present Address)	<input type="text"/>	<input type="text"/>
Mailing Address <input type="checkbox"/>	PIN <input type="text"/> City <input type="text"/> State <input type="text"/> Country <input type="text"/>	PIN <input type="text"/> City <input type="text"/> 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
Residence Address (Permanent address)	<input type="text"/>	<input type="text"/>
Mailing Address <input type="checkbox"/>	PIN <input type="text"/> City <input type="text"/> State <input type="text"/> Country <input type="text"/>	PIN <input type="text"/> City <input type="text"/> State <input type="text"/> Country <input type="text"/>
Nearest Landmark (Permanent address)	<input type="text"/>	<input type="text"/>
<b>GSTIN DETAILS</b> 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 Exemption Reason (if yes) _____ Exemption Valid till (if yes) <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GST Exemption <input type="checkbox"/> Yes <input type="checkbox"/> No Exemption Reason (if yes) _____ Exemption Valid till (if yes) <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
GST Registration	<input type="checkbox"/> Single <input type="checkbox"/> *Multiple Special Economic Zone <input type="text"/> <input type="text"/>	<input type="checkbox"/> Single <input type="checkbox"/> *Multiple Special Economic Zone <input type="text"/> <input type="text"/>
*GST Annexure for multiple GST Registration	Special economic zone code (if Y) _____	Special economic zone code (if Y) _____
GSTIN (Default)	<input type="text"/>	<input type="text"/>
GSTIN Registration 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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address registered for GSTIN	<input type="checkbox"/> Same as present address <input type="checkbox"/> Same as permanent address <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 <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)**

<b>For Salaried</b> (Monthly in Rupees)	Gross sal. <input type="text"/>	Net sal. <input type="text"/>	Other inc. <input type="text"/>	Total: <input type="text"/>
<b>For Self Employed:</b> (Annually in Rupees) :	Gross sal. <input type="text"/>	Net sal. <input type="text"/>	Other inc. <input type="text"/>	Total: <input type="text"/>
<b>Investment Details:</b>	Shares: <input type="text"/>	Mutual funds <input type="text"/>	Debt funds <input type="text"/>	Bonds <input type="text"/>
<b>Life Insurance:</b>	Term Deposits <input type="text"/>	Others _____		
<b>Total Investment</b>	<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**

- Domestic Purpose   
  Acquisition of Property   
  Purchase of Equipment   
  Working Capital   
  Renovation of current business premises  
 Education   
  Home Renovation   
  Marriage   
  Personal   
  Business   
 Other \_\_\_\_\_

**E. Existing Banking Relationship**

1. Account with other Banks: Bank  Branch Address   
 Account Type  Account Number

2. Credit Facilities:  We declare that we do not enjoy credit facilities with any bank  We declare that we enjoy following credit facilities with other bank (s) :

**Details of Borrowal Accounts:**

**I. Working Capital Facilities Currently Enjoyed: (From the entire banking system)** As on \_\_\_\_\_ (₹ In Lakhs)

Bank & Branch  Fund Based Limits  O/S  Total Limits   
*(Enclose Copy of Sanction Letters)*

**II. Term Loan and other borrowings**

Bank & Branch  *(Enclose Copy of Sanction Letters)* Loan Amt  Current Outstanding (in ₹ Lakhs)   
 Purpose  Monthly Instalments  Rate of Interest  Tenure of Loan  Balance Months

**III. Facilities Enjoyed with Axis Bank:**

Facility  *(Enclose Copy of Sanction Letters)* Loan  DP (in ₹ lakhs)   
 Security  Current Outstanding  Rate of Interest  Irreg.  Balance Months

**Details of Suits filed, If any, by / against the applicant**

Date of Suit  Type of Suit  Court in which suit has been filed   
 Amount (₹ in Lacs)  Financing agency  Position of suit in brief

F. Reference Details (One reference has to be a non - relative / non - colleague)

	Reference I	Reference II
Name	<input type="text"/>	<input type="text"/>
Relationship with Applicant/Co-Applicant	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Mailing Address	PIN <input type="text"/> City <input type="text"/> State <input type="text"/> Country <input type="text"/>	PIN <input type="text"/> City <input type="text"/> State <input type="text"/> Country <input type="text"/>
Mobile No./Telephone	<input type="text"/>	<input type="text"/>
E-mail ID	<input type="text"/>	<input type="text"/>

G. Information on Other Products and Offerings

Axis Bank & its group companies regularly send information on endeavor to inform you about our latest products, services & promotional offers. The channels for sending the information include mailers, e-mails, SMS and / or calling you personally over phone.

I want to receive updates on products and offers from Axis Bank as well as investment products Primary  Y  N Joint Holder  Y  N

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?  Y  N 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

Relationship (Details of relationship of applicant with other banks)  
Applicant is a director of any Bank or is a relative of directors of other banks  Yes  No Nature of Relationship \_\_\_\_\_

Relationship (Details of relationship of applicant with the Bank)  
Applicant is a director / senior officer / relative of director or senior officer of the Bank.  Yes  No Nature of Relationship \_\_\_\_\_

In event that the Applicant/Co-applicant(s) are related to any of Director(s) / Senior Officer(s):

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			

Signature of the applicant 	Signature of the co-applicant Guarantor - 1 	Signature of the co-applicant Guarantor - 2 	Signature of the co-applicant Guarantor - 3 
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Loan Required Details

Amount Request ₹  Tenure  Months Expected Rate of Interest  %

Co- Applicant / Guarantor Details

Whether any Co-Applicant  Yes  No If Yes, No. of Co-Applicant

Is there any Guarantor  Yes  No If Yes, No. of Guarantor

Channel Facilities

1. Axis Bank Internet Banking Required  Yes  No 2. Cheque Book Required  Yes  No

Signature of the applicant 	Signature of the co-applicant Guarantor - 1 	Signature of the co-applicant Guarantor - 2 	Signature of the co-applicant Guarantor - 3 
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**DETAILS OF CHARGES\***

1	Processing Fee Charges	15% of the loan amount plus GST as applicable
2	Penal Interest	@24% per annum, 2% per month
3	ATM Issuance Charges	₹ 100/- plus GST as applicable
4	ATM Annual Maintenance Charges	₹ 100/- plus GST as applicable
5	Repayment Instruction/Instrument Return charges	₹ 500/- plus GST as applicable per instance
6	Cash Deposit Charges (Home Branch)	₹ 3/- plus GST as applicable for per ₹ 1000/-
7	Cash Deposit Charges (Non Home Branch)	₹ 3/- plus GST as applicable for per ₹ 1000/-
8	Cash Withdrawal Charges (Home Branch)	Free
9	Cash Withdrawal Charges (Non Home Branch)	₹ 2/- plus GST as applicable for per ₹ 1000/-
10	NEFT	Upto Rs 10000 - ₹ 2.50 per transaction plus GST as applicable; From 10,000 to ₹ 1 lakh - ₹ 5 per transaction plus GST as applicable; ₹ 1 lac to ₹ 2 lacs - ₹ 15 per transaction plus GST as applicable; Above ₹ 2 lacs - ₹ 25 per transaction plus GST as applicable
11	RTGS	₹ 2 lacs to ₹ 5 lacs - ₹ 25 per transaction plus GST as applicable; ₹ 5 lacs and above - ₹ 50 per transaction plus GST as applicable
12	Account Statement - By post and e-mail	Free
13	Account Statement - Duplicate statement from Branch	₹ 100 per statement plus GST as applicable
14	DP Charges / Pledge Charges	As applicable (will vary across various DP/Fund House) plus GST as applicable
15	Renewal Charges	_____ plus GST 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)