



### LOAN APPLICATION FORM – TWO WHEELER

Fill in block letters in blue / black Pen only

	Applicant		Co-Applicant		Guarantor	
	Customer ID (if existing customer) _____		Relationship with applicants: _____		Relationship with applicants: _____	
	Customer ID (if existing customer) _____		Customer ID (if existing customer) _____		Customer ID (if existing customer) _____	
<b>Entity</b>	<input type="checkbox"/> Individual	<input type="checkbox"/> Non-Individual	<input type="checkbox"/> Individual	<input type="checkbox"/> Non-Individual	<input type="checkbox"/> Individual	<input type="checkbox"/> Non-Individual
<b>Constitution</b>	<input type="checkbox"/> Self Employed <input type="checkbox"/> Salaried <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others _____	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership firms <input type="checkbox"/> LLP <input type="checkbox"/> HUF <input type="checkbox"/> Trust/Society/ NGO <input type="checkbox"/> Private Limited <input type="checkbox"/> Public Limited <input type="checkbox"/> Govt Institutions <input type="checkbox"/> Others _____	<input type="checkbox"/> Self Employed <input type="checkbox"/> Salaried <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others _____	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership firms <input type="checkbox"/> LLP <input type="checkbox"/> HUF <input type="checkbox"/> Trust/Society/ NGO <input type="checkbox"/> Private Limited <input type="checkbox"/> Public Limited <input type="checkbox"/> Govt Institutions <input type="checkbox"/> Others _____	<input type="checkbox"/> Self Employed <input type="checkbox"/> Salaried <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others _____	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership firms <input type="checkbox"/> LLP <input type="checkbox"/> HUF <input type="checkbox"/> Trust/Society/ NGO <input type="checkbox"/> Private Limited <input type="checkbox"/> Public Limited <input type="checkbox"/> Govt Institutions <input type="checkbox"/> Others _____

### DETAILS OF INDIVIDUALS

<b>Name</b>	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____																								
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender																								
<b>Differently abled</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
<b>Date Of Birth</b>	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>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																				
D	D	M	M	Y	Y	Y	Y																				
<b>Father's Name</b>	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____																								
<b>Mother's Maiden Name</b>	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____																								
<b>Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married No. of Dependents: Adult ___; Child ___	<input type="checkbox"/> Single <input type="checkbox"/> Married No. of Dependents: Adult ___; Child ___	<input type="checkbox"/> Single <input type="checkbox"/> Married No. of Dependents: Adult ___; Child ___																								
<b>Spouse Name (if married)</b>	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____																								
<b>Religion</b>	<input type="checkbox"/> Hindu <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Muslim <input type="checkbox"/> Other _____	<input type="checkbox"/> Hindu <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Muslim <input type="checkbox"/> Other _____	<input type="checkbox"/> Hindu <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Muslim <input type="checkbox"/> Other _____																								
<b>Category</b>	<input type="checkbox"/> General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> MBC <input type="checkbox"/> Other _____	<input type="checkbox"/> General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> MBC <input type="checkbox"/> Other _____	<input type="checkbox"/> General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> MBC <input type="checkbox"/> Other _____																								
<b>Place of Birth</b>																											
<b>Nationality</b>																											

<b>Citizenship</b>			
<b>Preferred Language For Communication</b>	<input type="checkbox"/> English <input type="checkbox"/> Others _____	<input type="checkbox"/> English <input type="checkbox"/> Others _____	<input type="checkbox"/> English <input type="checkbox"/> Others _____
<b>Communication Address:</b>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	Land mark:	Land mark:	Land mark:
	City/ Town:	City/ Town:	City/ Town:
	District:	District:	District:
	State:	State:	State:
	Pin Code:	Pin Code:	Pin Code:
<b>Mobile No:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Alternative Mobile No:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Tel. No.:(R)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Tel. No.:(O)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>E-mail ID:</b>			
<b>Permanent Address:</b>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	Land mark:	Land mark:	Land mark:
	City/ Town:	City/ Town:	City/ Town:
<input type="checkbox"/> Same as Communication Address:	District:	District:	District:
	State:	State:	State:
	Pin Code:	Pin Code:	Pin Code:
<b>Residence</b>	<input type="checkbox"/> Owned <input type="checkbox"/> Rented/ Leased	<input type="checkbox"/> Owned <input type="checkbox"/> Rented/ Leased	<input type="checkbox"/> Owned <input type="checkbox"/> Rented/ Leased
<b>No. of years of Stay</b>	_____ Years	_____ Years	_____ Years
<b>Education</b>	<input type="checkbox"/> SSC <input type="checkbox"/> HSC <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Other _____	<input type="checkbox"/> SSC <input type="checkbox"/> HSC <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Other _____	<input type="checkbox"/> SSC <input type="checkbox"/> HSC <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Other _____
<b>If self employed / professional, Nature of Business</b>	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional <input type="checkbox"/> Service Provider <input type="checkbox"/> Agriculture <input type="checkbox"/> Trader <input type="checkbox"/> Jewellers/Bullion <input type="checkbox"/> Real estate business <input type="checkbox"/> Stock brokers <input type="checkbox"/> Others _____	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional <input type="checkbox"/> Service Provider <input type="checkbox"/> Agriculture <input type="checkbox"/> Trader <input type="checkbox"/> Jewellers/Bullion <input type="checkbox"/> Real estate business <input type="checkbox"/> Stock brokers <input type="checkbox"/> Others _____	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional <input type="checkbox"/> Service Provider <input type="checkbox"/> Agriculture <input type="checkbox"/> Trader <input type="checkbox"/> Jewellers/Bullion <input type="checkbox"/> Real estate business <input type="checkbox"/> Stock brokers <input type="checkbox"/> Others _____
<b>If Salaried, employment details</b>	Company Name: _____ Designation: _____ Tenure of employment: _____ CTC per annum: _____	Company Name: _____ Designation: _____ Tenure of employment: _____ CTC per annum: _____	Company Name: _____ Designation: _____ Tenure of employment: _____ CTC per annum: _____
<input type="checkbox"/> PAN OR <input type="checkbox"/> Form 60	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>CKYC ID</b>			
<b>GSTIN</b>			
<b>UDYAM</b>			

**KYC- DOCUMENT SUBMITTED FOR ID & ADDRESS PROOF (INDIVIDUALS)**

**Any one for ID Proof & One for Address Proof**

<b>PROOF OF AADHAAR</b>	<input type="checkbox"/> No _____ Expiry Date - _____	<input type="checkbox"/> No _____ Expiry Date - _____	<input type="checkbox"/> No _____ Expiry Date - _____
<b>DRIVING LICENSE</b>	<input type="checkbox"/> No _____ Expiry Date - _____	<input type="checkbox"/> No _____ Expiry Date - _____	<input type="checkbox"/> No _____ Expiry Date - _____
<b>PASSPORT</b>	<input type="checkbox"/> No _____ Expiry Date - _____	<input type="checkbox"/> No _____ Expiry Date - _____	<input type="checkbox"/> No _____ Expiry Date - _____
<b>VOTER ID CARD</b>	<input type="checkbox"/> No _____	<input type="checkbox"/> No _____	<input type="checkbox"/> No _____
<b>MNREGA</b>	<input type="checkbox"/> No _____	<input type="checkbox"/> No _____	<input type="checkbox"/> No _____
<b>NPR Letter</b>	<input type="checkbox"/> No _____	<input type="checkbox"/> No _____	<input type="checkbox"/> No _____

**KYC- DOCUMENT SUBMITTED FOR ADDRESS PROOF, IF ABOVE DOCUMENTS DO NOT HAVE UPDATED ADDRESS**

**Any One for Address Proof (not more than 2 months old & to be updated with OVD within 3 months) -**

<b>Electricity Bill</b>	<input type="checkbox"/> No _____	<input type="checkbox"/> No _____	<input type="checkbox"/> No _____
<b>Telephone/ Postpaid Mobile Bill</b>	<input type="checkbox"/> No _____	<input type="checkbox"/> No _____	<input type="checkbox"/> No _____
<b>Gas/Water Bill</b>	<input type="checkbox"/> No _____	<input type="checkbox"/> No _____	<input type="checkbox"/> No _____
<b>Property/ Municipal Tax receipt</b>	<input type="checkbox"/> No _____	<input type="checkbox"/> No _____	<input type="checkbox"/> No _____
<b>Pension Payment orders</b>	<input type="checkbox"/> No _____	<input type="checkbox"/> No _____	<input type="checkbox"/> No _____
<b>Letter of Allotment of Accommodation</b>	<input type="checkbox"/> No _____	<input type="checkbox"/> No _____	<input type="checkbox"/> No _____

**DETAILS OF NON-INDIVIDUALS**

	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Guarantor</b>
	Relationship with applicants: _____	Relationship with applicants: _____	Relationship with applicants: _____
	Customer ID (if existing customer) _____	Customer ID (if existing customer) _____	Customer ID (if existing customer) _____
<b>Entity Name:</b>			
<b>Date of Commencement of Business</b>			
<b>Date of Incorporation</b>			
<b>Country of Incorporation</b>			
<b>Registration Number</b>			
<b>PAN</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CKYC</b>			
<b>UDYAM</b>			
<b>CIN/ Partnership Reg No.</b>			
<b>GSTIN</b>			
<b>LEI Code</b>			
<b>Darpan ID (Incase of Trust/Society/ NGO)</b>			



- Names of the Beneficiaries, trustees, settlor, and protector (if applicable).
- Registered Office Address of the trust
- Document relating to beneficial owner holding an attorney to transaction on behalf of the Trust

**In case of a Unincorporated Association or Body of Individuals, certified copies of each of the following documents to be obtained:**

- Resolution from the Managing Body of the association or body of individuals
- PAN of Association
- Power of Attorney granted to persons authorized to transact on behalf of the association
- Additional documents required to establish the legal existence of the entity.

**In case of a Society, certified copies of each of the following documents to be obtained:**

- Registration certificate & Bye Laws/Agreement/ Rules/ Constitution documents
- Document showing the name of the person authorized to act on behalf of the entity
- Additional documents required to establish the legal existence of the entity.

**In case of HUF, certified copies of each of the following documents to be obtained:**

- Deed of Declaration of HUF or HUF Letter having Name and Signature of all Adult Male and Female Co-parceners
- PAN of HUF

### BANK ACCOUNT DETAILS (APPLICANT / CO-APPLICANT)

Category	Name of the Bank	Branch	Account Type	Account No.	Account Since	IFSC Code	Avg. Debit Per Month	Avg. Credit Per Month
Applicant								
Co-Applicant								

### PROPOSAL DETAILS

Make & Model :	Year of Manufacture :	Vehicle (New / Used) :
Registration Number:	Engine Number :	Chassis Number :
Proforma Invoice Amount Rs. _____		
Amount Remitted to dealer (by the Borrower) Rs. _____		
**Less : Processing Charges Rs. _____		
**Less : Document Charges Rs. _____		
Less : Stamp Charges Rs. _____		
Margin Money for Vehicle Rs. _____		
Add : Insurance premium as per table above Rs. _____		
Loan amount applied for Rs. _____		
<b>*Annualised Rate of Interest (Fixed) @ _____ % per annum</b>		
Tenor Rs. _____ Months _____		
<b>Repayment Details :</b>		
Advance EMI Payable on Rs _____ Balance on _____ Installments of Rs _____ each payable on _____ of every month commencing from _____ to _____		
Repayment mode : ACH _____ Cheques _____ Others _____		
<b>***Penal Charges(PC) _____ % per annum</b>		
*The rate of interest is arrived at based on a comprehensive approach to gradation of risk based on demography, the profile, the cost of funds, margin, risk premium, external ratings, cash flow, track record, nature and value of collateral if any, Loan to value, future potential, tenure, competition, industry trends and credit risk, The rate of interest applicable to a loan may therefore vary from one customer to another taking into consideration the combination of the above parameters, the market information, the field report and the information provided by the borrower.		
** In the event of cancellation of Proposal/Sanction, upfront charges shall not be refunded.		
*** PC shall be charged on all amounts that are due yet unpaid (principal/interest/expenses). There shall be no capitalization or compounding of PC Prepayment/Foreclosure charges and Cheque Bouncing charges are applicable as per the agreed terms mentioned in the Sanction letter / Schedule(s) forming part of the loan agreement.		

### INSURANCE

**Refer to Annexure**

<p><b>Health Insurance Opted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sum Insured: _____ Insurer Name: _____</p> <p>Premium Amount: _____ DOGH <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Term Life Insurance Opted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sum Assured: _____ Insurer Name: _____</p> <p>Premium Amount: _____</p>
<p><b>Personal Accident Cover Insurance Opted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sum Insured: _____ Insurer Name: _____</p> <p>Premium Amount: _____</p>	<p><b>Life Insurance (Flat Cover):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sum Assured: _____ Insurer Name: _____</p> <p>Premium Amount: _____</p>

Total Insurance Premium Amount Rs _____		<b>Vehicle Insurance Opted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No IDV: _____ Insurer Name: _____ Premium Amount: _____		<input type="checkbox"/> I agree to take the insurance policy <input type="checkbox"/> Deduct payment from loan amount <input type="checkbox"/> I will make the payment	
Nominee Name: _____		Nominee Relationship: _____		Nominee Age : _____	
If Nominee is less than 18 years -		Appointee Name: _____		Appointee Relationship: _____	
<b>Income/Other Details</b>					
<b>Source Of income</b>		<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Investment <input type="checkbox"/> Sale of Asset <input type="checkbox"/> Others _____		<b>Annual income</b>	
				<input type="checkbox"/> Upto Rs.3 <input type="checkbox"/> Rs.3-6 lakhs <input type="checkbox"/> Rs.6-15 lakhs <input type="checkbox"/> Rs.15-30 lakhs <input type="checkbox"/> Above Rs.30 lakhs	
<b>Annual Household Income</b> <input type="checkbox"/> Upto Rs.3 lakhs <input type="checkbox"/> Rs.3-6 lakhs <input type="checkbox"/> Rs.6-15 lakhs <input type="checkbox"/> Rs.15-30lakhs <input type="checkbox"/> Above Rs.30 lakhs					
<b>End use Of Fund</b> <input type="checkbox"/> Personal use <input type="checkbox"/> Working capital <input type="checkbox"/> Purchase of Asset <input type="checkbox"/> Business expansion <input type="checkbox"/> Debt Consolidation <input type="checkbox"/> Others					
<b>Whether the Applicant is a 'Farmer'</b> <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes please attach any one: <input type="checkbox"/> Agriculture land document <input type="checkbox"/> Lease agreement for leased out land <input type="checkbox"/> Kissan Passbook <input type="checkbox"/> Kissan Card <input type="checkbox"/> Land book <input type="checkbox"/> Pattadar pass book					
<b>Whether the Applicant is owning Agriculture Land</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Below 2.5 Acres <input type="checkbox"/> Between 2.5 to 5 Acres <input type="checkbox"/> Above 5 Acres please attach land holding document					

## REFERENCE DETAILS

1. Reference Name If Existing customer, Customer id _____ Relationship with the Applicant _____ Knows the Applicant for _____ Years Reference address : _____ _____ Pin code: _____ City/ District/State: _____ Phone/ Mobile: _____	2. Reference Name If Existing customer, Customer id _____ Relationship with the Applicant _____ Knows the Applicant for _____ Years Reference address : _____ _____ Pin code: _____ City/ District/State: _____ Phone/ Mobile: _____
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## DISBURSEMENT REQUEST

**DATE:** \_\_\_\_\_

With reference to My Loan Application Number \_\_\_\_\_ Dated \_\_\_ / \_\_\_ / \_\_\_ towards Loan Amount of Rs \_\_\_\_\_ against the asset \_\_\_\_\_ and subsequent sanction of the same from your Company, I hereby request and authorize to disburse said sanction amount to the below mentioned beneficiaries.  
Processing Charges, Stamp duty, Life Insurance premium and advance installments payable to you is remitted to the dealer and hence request you to deduct the said amount of Rs \_\_\_\_\_ from the loan amount and disburse the balance to the dealers.

Beneficiary Name	Bank Name	IFSC Code	Account Number	Payable at	Amount Rs.
1.					
2.					
3.					
4.					

### DECLARATION BY APPLICANT / CO-APPLICANT / GUARANTOR :

I consent to the sharing of my personal and KYC details with the Central KYC Registry. I agree to receive information via SMS and email at the registered number and address and I authorize the downloading of information from the Central KYC Registry using the KYC Identifier provided by me.  
I hereby declare that I am an Informal Micro Enterprise and provide my consent to Shriram Finance Limited, a designated agency for Udyam Assist, to facilitate my registration through the Udyam Assist Portal as a micro enterprise and enable me to avail benefits under the MSME scheme, which has been clearly explained to me. I permit Shriram Finance Limited (SFL) to obtain my personal data from Credit Information Companies registered under Credit Information Companies (Regulation) Act, 2005 for purposes of accessing as well as downloading the credit information report including the credit score and accessing and downloading all such information as may be necessary for the purpose of providing the services by SFL.  
I permit SFL to use, verify, download, exchange and share all information related to this application with Credit Information Companies registered under Credit Information Companies (Regulation) Act, 2005, Statutory Authorities, Regulatory Authorities, Judicial, Quasi Judicial Authorities or any other authorized third party who are contractually bound to provide its services in relation to service that you have opted from SFL including but not limited to its contractors, regulators and auditors in accordance with laws as may be applicable from time to time.  
I/We hereby confirm that all the information pertaining to the proposed loan that affects my/our interest is explained to me/us in my/our preferred language and I/We have understood the same.  
I am/We are aware that the indicative interest rates and charges as applicable for various loan products are available in the Company's website [www.shriramfinance.in](http://www.shriramfinance.in)

I understand and provide my explicit consent that the information shared by me or as may be collected from the parties as has been mentioned above, may be processed for the following purposes:

- a. To ensure that SFL can perform, maintain, protect, and improve the services and for developing or improvising SFL's services. SFL may use the details as provided under this application form without further consent for non-marketing or administrative purposes (such as notifying you of major changes, for customer service purposes, providing information about updates to our services, billing, transaction notifications, security notifications, Emi dues, cheque bounce, KYC / Re-KYC requirements etc., in connection with this application and transaction;
- b. Information that is shared with any authorized third party shall be processed by such third party only on a need to know basis so as to ensure that such third party is able to provide their services in accordance with the contracted terms with SFL;
- c. To ensure that SFL is able to comply with applicable laws including but not limited to fraud monitoring, Prevention of Money Laundering Act, for establishing an account based relationship with SFL, KYC compliance, compliance with any statutory/regulatory/judicial/quasi-judicial order or decree etc.;
- d. SFL may use the information to investigate and prevent fraudulent activities, unauthorized access to the services, and other illegal activities, undertake analysis of marketing effectiveness and other analytics projects etc.;
- e. For any other legitimate purposes and purposes permitted by law or applicable regulations.

I authorize SFL and its group companies to send communication, including sending promotional materials regarding loans, insurance, and related products or services, through phone calls, SMS, emails, mail, bots, or any other electronic platform.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's  
Photograph

Co-Applicant's  
Photograph

Guarantor's  
Photograph

**Applicant's Signature**

**Co-Applicant's Signature**

**Guarantor's Signature**

**OFFICE USE**

<b>Please tick any one</b>	<input type="checkbox"/> Politically Exposed Person (PEP)	<input type="checkbox"/> Relative of PEP	<input type="checkbox"/> Not PEP
<b>KYC Verification carried out by</b>	Emp Name: _____	Emp code: _____	Emp Sign: _____ Date: _____
<b>Marketing Agent Name</b>	Emp Name: _____	Emp code: _____	Emp Sign: _____ Date: _____
<b>Tele Verifiers Name</b>	Emp Name: _____	Emp code: _____	Emp Sign: _____ Date: _____
<b>Institution Details</b>	<b>Name:</b> _____		

**INSURANCE ANNEXURE**

Insurer Name	Motor	Health	Ipa/gpa	Fire/bpp	Ci	Gtli	Life Protector
Bajaj Allianz General Insurance Co. Ltd.	Yes	No	No	Yes	No	No	No
Go Digit General Insurance Co. Ltd.	Yes	Yes	Yes	Yes	Yes	No	No
Hdfc Ergo General Insurance Co. Ltd.	No	Yes	No	No	Yes	No	No
Icici Lombard General Insurance Co Ltd	Yes	No	No	No	No	No	No
Iffco Tokio General Insurance Co. Ltd.	Yes	No	No	Yes	No	No	No
Shriram General Insurance Co. Ltd.	Yes	Yes	Yes	Yes	Yes	No	No
Tata Aig General Insurance Co. Ltd.	Yes	No	No	No	No	No	No
Zurich kotak General Insurance Company Limited	Yes	No	No	No	No	No	No
Care Health Insurance Ltd.	No	Yes	Yes	No	Yes	No	No
Manipal Cigna Health Insurance Co. Ltd.	No	Yes	No	No	Yes	No	No
Bandhan Life Insurance Limited	No	No	No	No	No	Yes	Yes
Shriram Life Insurance Company Limited	No	No	No	No	No	Yes	Yes
Bajaj Allianz Life Insurance Company Limited	No	No	No	No	No	Yes	Yes

Application Form No.: \_\_\_\_\_ Dated. \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Branch Name: \_\_\_\_\_



**Acknowledgement Slip:**

Received from \_\_\_\_\_  
 application to provide finance for Purchase / Refinance of \_\_\_\_\_  
 Your application will be processed, and acceptance / rejection notification will be intimated to you within 30 days from date of receipt of completed Application form along with supporting documents.

**M/s Shriram Finance Limited**  
 Authorised Signatory

**Note:**

- The receipt of your application form for the loan does not imply automatic approval of your loan by SFL.
- SFL will decide the quantum of the loan at its sole discretion.
- SFL reserves the right to reject any application without assigning any reasons.
- SFL may request for additional documents other than those collected in connection with the application.
- SFL reserves the right to retain the photograph and documents submitted along with the application form and shall not return the same to applicant.
- SFL shall not be liable for loss or delay in receipt of documents.

**Approach to gradation of risk:**

The rate of interest is arrived at based on a comprehensive approach to gradation of risk based on demography, the profile, the cost of funds, margin, risk premium, external ratings, cash flow, track record, nature and value of collateral if any, loan to value, future potential, tenure, competition, industry trends, guarantees and credit risk. The rate of interest applicable to a loan may therefore vary from one customer to another and may also vary for the same customer when fresh loan is extended over a period of time, taking into consideration the combination of the above parameters, the market information, the field report and the information provided by the borrower.