



LOAN APPLICATION FORM – VEHICLE / EQUIPMENT

Fill in block letters in blue / black Pen only

	Applicant		Co-Applicant		Guarantor	
	Customer ID (if existing customer) _____		Relationship with applicants: _____ Customer ID (if existing customer) _____		Relationship with applicants: _____ Customer ID (if existing customer) _____	
Entity	<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
Constitution	<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

Name	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____																								
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	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender																								
Differently abled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
Date Of Birth	<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	<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																				
D	D	M	M	Y	Y	Y	Y																				
Father's Name	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____																								
Mother's Maiden Name	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____																								
Marital Status	<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 ____																								
Spouse Name (if married)	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____																								
Religion	<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 _____																								
Category	<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 _____																								
Place of Birth																											
Nationality																											

Citizenship			
Preferred Language For Communication	<input type="checkbox"/> English <input type="checkbox"/> Others _____	<input type="checkbox"/> English <input type="checkbox"/> Others _____	<input type="checkbox"/> English <input type="checkbox"/> Others _____
Communication Address:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	Land mark:	Land mark:	Land mark:
	City/ Town:	City/ Town:	City/ Town:
	District:	District:	District:
	State:	State:	State:
	Pin Code:	Pin Code:	Pin Code:
Mobile No:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alternative Mobile No:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tel. No.:(R)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tel. No.:(O)	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail ID:			
Permanent Address:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	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:
Residence	<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
No. of years of Stay	_____ Years	_____ Years	_____ Years
Education	<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 _____
If self employed / professional, Nature of Business	<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 _____
If Salaried, employment details	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"/>
CKYC ID			
GSTIN			
UDYAM			

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

Any one for ID Proof & One for Address Proof

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

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

DETAILS OF NON-INDIVIDUALS

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

Nature of Business	<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_____
Annual Turnover			
Registered Business Address:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Landline NO.:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Location	<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
Built up Area (sqft)			
Credit Rating (If any)			
Rating Agency Name			

KYC- DOCUMENTS TO BE SUBMITTED (NON-INDIVIDUAL)

In the case of Proprietary firm, apart from the individual KYC of the owner, any two of the following documents are required to be provided:

- Registration Certificate including Udyam Registration Certificate issued by the Government
- Certificate/Licence issued by municipal authorities under the Shop and Establishment Act
- Sales and Income Tax Returns
- CST/VAT/GST Certificate.
- Sales Tax/Service Tax/Professional Tax Documents
- IEC (Importer Exporter Code) issued by the DGFT, or a professional body certification if applicable
- Complete Income Tax Return (duly authenticated/acknowledged by the Income Tax authorities)
- Utility Bilis (Electricity/ Water/ Landline Telephone bill)

In the case of Partnership firm, the certified copies of each of the following documents to be obtained:-

- Registration Certificate
- Partnership Deed
- PAN Card of the Partnership firm
- Name of all Partners
- Name of senior Management members
- KYC Documents relating to the Beneficial Owner holding an attorney to transact on behalf of the firm
- Registered Office Address and Principal Place of Business (if different from the registered office).

In case of a Company, certified copies of each of the following documents to be obtained:-

- Certificate of Incorporation
- Memorandum and Articles of Association
- PAN Card
- Board Resolution authorising the person to transact on its behalf
- KYC Documents relating to the Beneficial Owner holding an attorney to transact on company's behalf
- Registered Office Address and Principal Place of Business (if different from the registered office).

In case of a Trust, the certificate copies of each of the following documents to be obtained:

- Registration Certificate
- Trust Deed
- PAN Card

- 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

DETAILS OF CONTACT PERSON

NAME			
DESIGNATION			
MOBILE			
PAN	<input type="text"/>	<input type="text"/>	<input type="text"/>
AADHAAR NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL ID			

ADDITIONAL DETAILS OF NON-INDIVIDUAL APPLICANT

DETAILS OF SHAREHOLDING PATTERN IN PARTNERSHIP FIRM / PRIVATE LIMITED / PUBLIC LIMITED

Name of Shareholder	No. of Shares	% Holding	Relationship with Promoters

DETAILS OF ASSOCIATE / GROUP COMPANIES & FIRMS

Name of Shareholder	No. of Shares	% Holding	Relationship with Promoters

PARTNERS / DIRECTORS DETAILS (Branch Manager to verify all the partner details)

Name of Partner/s / Director/s			
Address of Partner/s/ Director/s			
Relationship with Promoters			
Date of Birth			
Education			
Experience in Industry			
PAN			
Annual Income			
Mobile No.			
Email id			
Telephone No.			

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								

DETAILS OF PROPERTIES OWNED BY APPLICANT / CO-APPLICANT

Vehicle	Registration	Make & Model	Applicant Declared Value	Financed By / Free
Applicant	1.			
	2.			
Co-Applicant	1.			
	2.			

* if more number of vehicles, details may be furnished separately.

Other Movable Property	Investment Bonds, FD's etc Specify	Total Value in Rs
Immovable Property for future loan requirements of Business Loan / working Capital Loan)	Asset Type	Extent of Property (Sq.ft/Acrs)
		Built up Area Land Area/UDS
Applicant	1. Vacant Land	
	2. Apartments	
	3. Building Residential	
	4. Building Commercial	
	5. Others, if any (Pl. mention)	
Co-Applicant	1. Vacant Land	
	2. Apartments	
	3. Building Residential	
	4. Building Commercial	
	5. Others, if any (Pl. mention)	

PROPOSED ASSET DETAILS

Segment: MHCV LCV SCV TRACTOR PASSENGER-COMMERCIAL FARM EQUIPMENT
 CONSTRUCTION EQUIPMENT SOLAR INSTALLATIONS PRIVATE VEHICLE

Make : _____ Model : _____ Year of Manufacture : _____
 Registration Number: _____ Engine Number: _____ Chassis Number: _____
 Vehicle (New / Used): _____ Purchase Price: _____ Margin Money: _____

Routes of the Vehicle: NA Applicable National Permit Permitted States: _____
 State Permit Permit No & Permit Valid Upto: _____

Asset related & other documents (as applicable) to be submitted by Applicant/Co-Applicant

Pre-sanction documents

1. Proforma invoice & Margin Money receipt for new asset	<input type="checkbox"/>	4. Comprehensive insurance policy	<input type="checkbox"/>
2. Sale deed for used asset	<input type="checkbox"/>	5. Bank statement of last 6 months	<input type="checkbox"/>
3. Registration Certificate for used asset or Original invoice for unregistrable asset	<input type="checkbox"/>	6. Last 2 years ITR in case of income assessee	<input type="checkbox"/>
		7. Non Individual entity's relevant document in case of Non-individual.	<input type="checkbox"/>
		8. Others _____	

Post-disbursement documents to be submitted by Applicant/Co-Applicant

1. Original invoice for new asset with hypothecation in favour of Company	<input type="checkbox"/>	3. Insurance policy hypothecation in favour of Company	<input type="checkbox"/>
2. Registration Certificate and hypothecation in favour of Company	<input type="checkbox"/>	4. Others _____	

OPERATING ECONOMICS

A	Earning Per month	
B	Approx. Monthly Expenses towards Vehicle maintenance:	
	1. Tax + Permit + Insurance + Other RTO Expenses	
	2. Driver & Helper Salary	
	3. Fuel Expenses	
	4. Tyre + Maintenance + Miscellaneous Expenses	
	(B) Total	
C	Net Earning Per Month (A - B)	
D	Approx. Installment Payable Per Month	

Calculations (As Applicable)

Goods	a. Number of Trips Per Month	
	b. Rate Per Trip (Up)	
	c. Rate per Trip (Down)	
	Total Rate per month	(A)
Passenger	a. Rate per km* Total Distance Travels per month (OR)	(A)
	b. Fare Per Passenger* No. of Passengers* Trip Per Month	(A)
Machinery	a. Rate per Hour	
	b. Running Hours per Day	
	Total Rate Per month (a* b*25 days)	(A)
Fuel Expenses	(Fuel Price * Kms Run per Month) / Mileage	
Tyre Expenses	(Tyre Cost * No. of Tyres* Kms Run per Month) / Tyre Life	

Vehicle attached to: Self Company Please specify _____

Vehicle Usage Details: _____

Vehicle Route Details: _____

PROPOSAL DETAILS

Loan Amount	Rs _____	Tenure	
End use of Fund	<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 _____		
Annualized Rate of Interest (Fixed)*	_____ % p.a. compounded on monthly rests	Document Charges**	Rs _____
Penal charges (PC) ***	_____ % p.a. (inclusive of applicable taxes, if any)	Processing Charges**	Rs _____

INSURANCE

Refer to Annexure

Life Protector Policy The terms and conditions of the life protect policy have been read out and explained to me in the language known to me and I understood the same. Total Insurance Premium Amount - Rs _____ Insurer Name _____	Vehicle Insurance Opted: <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:
Appointee Name (If Nominee is less than 18 years)	Appointee Relationship:	Appointee Age:

Income/Other Details

Source of income	Annual income
<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 _____	<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
Annual Household income	<input type="checkbox"/> Upto Rs.3 lakhs <input type="checkbox"/> Rs.3-6 lakhs <input type="checkbox"/> Rs.6-15 lakh <input type="checkbox"/> Rs.15-30lakhs <input type="checkbox"/> Above Rs.30 lakhs
Whether vehicle is used for transportation of agriculture product (Crop, Seeds, Manures, Fertilizer, Agriculture Implements): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Whether the Applicant is a 'Farmer' <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	

Whether the Applicant is owning Agriculture Land Yes No if Yes,
 Below 2.5 Acres Between 2.5 to 5 Acres Above 5 Acres please attach land holding document

* 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

REFERENCE DETAILS

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

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

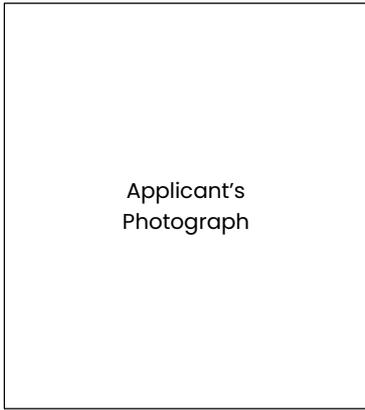
I understand and provide my explicit consent that the information shared by me or as may be collected from the parties as has been mentioned above, may be processed for the following purposes:

- 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.

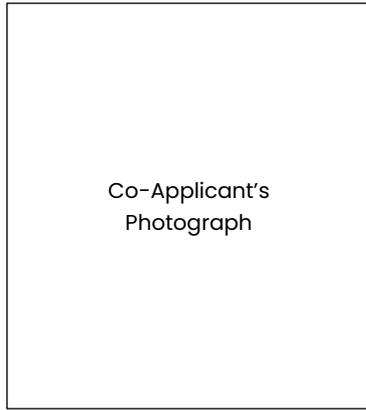
I authorize SFL and its group companies to send communication, including sending promotional materials regarding loans, insurance, and related products or services, through phone calls, SMS, emails, mail, bots, or any other electronic platform.

Place: _____

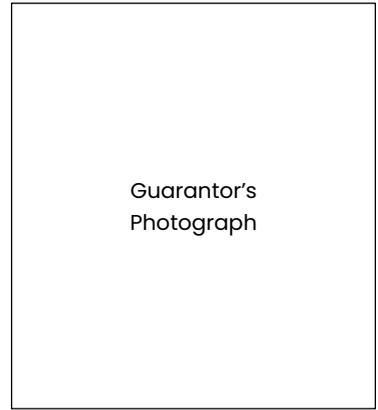
Date: _____



Applicant's
Photograph



Co-Applicant's
Photograph



Guarantor's
Photograph

Applicant's Signature

Co-Applicant's Signature

Guarantor's Signature

OFFICE USE

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

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.