



Date

Fields mark with (*) mandatory

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

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

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

Group Code Sales Manager Emp Code

B. Personal and Employment Details*

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

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

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

GSTIN DETAILS* Whether registered under GST (If yes, following details are mandatory) GST Registration GST Annexure for multiple GST Registration* GSTIN (Default) GSTIN Registration Date Address registered for GSTIN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GST Exemption <input type="checkbox"/> Yes <input type="checkbox"/> No Exemption Reason (if yes) _____ Exemption Valid till (if yes) DDMMYYYY <input type="checkbox"/> Single <input type="checkbox"/> *Multiple Special Economic Zone YN Special economic zone code (if Y) _____ _____ <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"/> 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) DDMMYYYY <input type="checkbox"/> Single <input type="checkbox"/> Multiple* Special Economic Zone YN Special economic zone code (if Y) _____ _____ <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)
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Additional details required for NRI Applicant	
Country Name	Country Code
If applicant resident for tax purposes in Jurisdiction outside India <input type="checkbox"/> Yes <input type="checkbox"/> No Jurisdiction of residence: _____	
Tax Identification Number or equivalent (If issued by jurisdiction) _____	
Country of Birth	City/Place of Birth
If address in jurisdiction where application is resident is same as Current/ Permanent/ Overseas or Correspondence/ Local address details <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address in Jurisdiction	City / Town / Village
State	Country: ZIP/Post Code

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

(As per the type of organization selected above, mention the details of profession example: Director/Banker/Agent)

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

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

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

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

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

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

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. Customer consent *

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 hereby give my consent to and agree and authorize Axis Bank Ltd. to fetch my personal details from UIDAI. I hereby state that I have no objection in authenticating myself with Aadhaar based authentication system and I voluntarily consent to providing my Aadhaar number / VID number, Biometric information and/or One Time Pin(OTP) data (and/or any similar authentication data) for the purpose of [Product name] loan application. I understand that the biometric and/or TP and/or any other authentication data I may provide for authentication shall be used only for authenticating my identity through the Aadhaar authentication system for the specific transaction or as per requirement of law and for no other purposes. I confirm that I have been informed about the alternatives to submission of identity information and I have agreed to authenticate myself through Aadhaar based authentication system with full understanding of alternatives to submission of identity information. I understand that Axis Bank shall ensure security and confidentiality of my personal identity data provided for the purpose of Aadhaar based authentication. I authorize Axis Bank to verify and authenticate my Aadhaar during processing my Loan Overdraft against securities further authorize the Bank to share my Aadhaar related details/information with regulatory /statutory bodies as and when required. I hereby expressly consent to and authorize the Bank (whether acting by itself or through any of its service providers, and whether in automated manner or otherwise), to collect, store and process my application details, personal data and sensitive information about me, information, papers and data relating to know your customer (KYC), credit information, and any other information about me/pertaining to me or not as may be deemed relevant by the Bank (collectively. "Information") and I hereby also expressly consent to and authorize the Bank to download KYC details from the CKYC registry using my CKYC ID for the purpose of Loan Overdraft against securities application I confirm that the Bank has explained and provided me the above information in my local language before collecting my personal details for the purpose of Aadhaar based authentication

H. Information on Product and offering

I expressly consent to the Bank to share and disclose my information, including personal information, to credit information companies, bureaus, regulators or governmental authorities, investigating agencies, judicial, quasi-judicial and statutory authorities, group companies/ subsidiaries of the Bank, service providers, cobrand entity/ partner, card associations, settlement, transfer and processing intermediaries, distributor, selling/ marketing agent, information utilities, other banks and financial institutions, merchant aggregators, payment gateways, other players/ intermediaries or to other persons/institutions/entities, or to other persons/institutions/entities as may be necessary in connection with the contractual or legal requirements or in the legitimate interests of the Bank or as per the consent for processing such information including by way of wholly or partly performing automated or physical operations, including collection, recording, organizing, structuring, storing, adapting, retrieving, using, profiling, aligning, indexing, sharing, disseminating or otherwise making available, as may be deemed fit by the Bank and for the purposes of customer services and operations, collections and recovery, audit, investigation, monitoring and fraud prevention, credit appraisal, legal and regulatory requirements including KYC verification and reporting to regulatory and statutory authorities, processing insurance claims, risk management activities, security, testing, for entering into contract, for developing credit scoring models and business strategies, for monitoring, for evaluating and improving the quality of Bank's products and services, or for any purposes as the Bank may deem fit other than marketing/ cross selling.

I. Cross Sell Consent

I expressly agree to the Bank, its service providers, agents and/or its affiliates for using the information, including personal information, for marketing, promotion, research and analytics, and cross-selling of products and services of the Bank and of the Bank's subsidiaries, affiliates/ group companies from time to time via telephone, SMS and/or email. Further, I hereby acknowledge that the Bank has provided me with an option to withdraw consent to the purpose herein at any time by intimation through letter or email. However, if I withdraw my consent, I accept that the Bank will stop processing my personal data except where such processing is mandatory as per applicable law and that any personal data that has already been processed shall remain unaffected by the withdrawal of such consent

Yes No

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

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

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

- Email Y N
- SMS text messages Y N
- Telephone Y N

 Signature of Primary Applicant

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

Language for Axis bank privacy notice :-

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

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

Applicant Signature

Co -Applicant Signature

Co-Applicant Signature

J. 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)

K. Specific customer disclosure in respect of relationship with Director/Senior Officer of the Bank/any other Bank*

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

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

P. Sourcing Details (For Official use only)*

ASC Name

Channel DSA ASSL Cross - Sell Branch Direct Others _____ Connector ASSL Code

AXIS Bank Relationship Manager

CRM Lead ID

 Signature of Relationship Manager

 Signature of Sourcing Agent

Legal Entity Identifier (LEI) Declaration (Applicable for Non - Individuals only)

Name of borrower: _____

I/we confirm that the total banking exposure of our firm/company after availing the proposed loan / credit facility is Rs. 5 Crore and above. The Legal Entity Identifier (LEI) is applicable to our firm/company and the details of the same are as under:

1) LEI No.:

2) LEI Issuer:

3) LEI Issuance Date: (DDMMYYYY)

4) LEI Expiry Date: (DDMMYYYY)

I/we confirm that the total banking exposure of our firm/company after availing the proposed loan / credit facility is below Rs. 5 Crore. The Legal Entity Identifier (LEI) is not applicable to us

I/we confirm that if total banking exposure of our firm/company goes Rs. 5 Crore and above during the tenure of the loan/credit facility, we endeavour to obtain the LEI and agree to provide the LEI details to Axis Bank at the earliest same.

I/We declare that the particulars and information given above are true, correct and up to date in all aspects.

Signature

Q. For Bank Use Only

Documents Received: Self-Certified True Copies True Copies Notary

KYC OVD: Digitally Verified Manually Verified Digital Verification Ref no _____

Identity Verification Done :

IN PERSON VERIFICATION CARRIED OUT BY

Emp. Name

Emp. Code Emp. Designation Emp. Organisation & Code

IN PERSON VERIFICATION CARRIED OUT BY

Emp. Name

Emp. Code Emp. Branch Place

Nomination

I wish to nominate I do not wish to nominate

I/We (Name) _____ (Address) _____

Nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the above account may be returned by AXIS BANK LTD.

Name Address: Same as Primary Applicant

If different from Primary Applicant

Relationship, If any Age Years If nominee is Minor, Date of Birth

As nominee is minor I/We appoint (name) Relationship with minor

Address: Same as Primary Applicant If different

 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

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

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

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

City of Birth*

Country of Birth*

Address Type for Tax Purposes* Resident Business Registered office

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

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

Signature _____

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

DETAILS OF CHARGES*

1 Processing Fee Charges	Upto 0.50% of sanctioned loan amount or Rs 2500/- whichever is higher plus GST
2 Penal Charges	<p>Financial Default - 8% p.a. above applicable interest rate on the overdue amount (subject to the aggregate not exceeding ₹ 1,00,000/- per instance) There shall be no capitalisation of Penal Charges.</p> <p>Financial Default includes all types of payment or financial defaults/irregularities with respect to the Loan Account.</p> <p>Non- Financial Default - 8% p.a. above applicable interest rate on the overdue amount (subject to the aggregate not exceeding ₹ 1,00,000/- per instance) There shall be no capitalisation of Penal Charges.</p>
3 Material Terms & Conditions	<p>Financial Default</p> <ul style="list-style-type: none"> • Over drawn Is beyond limit/Drawing Power breach • In event of non-payment of overdraft / interest <p>Non Financial Default</p> <ul style="list-style-type: none"> • Expiry of limits
4 ATM Issuance Charges	Applicable as per normal current account charges
5 ATM Annual Maintenance Charges	Applicable as per normal current account charges
6 Repayment Instruction/Instrument Return charges	Applicable as per normal current account charges
7 Cash Deposit Charges (Home Branch)	Applicable as per normal current account charges
8 Cash Deposit Charges (Non Home Branch)	Applicable as per normal current account charges
9 Cash Withdrawal Charges (Home Branch)	Applicable as per normal current account charges
10 Cash Withdrawal Charges (Non Home Branch)	Applicable as per normal current account charges
11 NEFT	Applicable as per normal current account charges
12 RTGS	Applicable as per normal current account charges
13 IMPS	Applicable as per normal current account charges
14 Account Statement - By post and e-mail	Free
15 Account Statement - Duplicate statement from Branch	Applicable as per normal current account charges
16 DP Charges / Pledge Charges	As applicable (will vary across various DP/Fund House) plus GST as applicable
17 Renewal Charges	RS.3500 for Equity Cases, Rs. 5000 for Debts, Bonds, Insurance cases plus GST as applicable
18 Prepayment Charges/ Foreclosure Charges	Not applicable
19 Stamp duty Charges	As applicable

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

Applicant Signature

Co-Applicant/Guarantor-1
Signature

Co-Applicant/Guarantor-2
Signature

Co-Applicant/Guarantor-3
Signature

Acknowledgment For Receipt Of Application Form

Date

Serial Number

To, _____

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

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

Sales Manager _____ E-mail ID _____

DSA _____

Nomination acknowledgement

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

Name of nominee _____ Age: _____ year with respect to your application

No _____

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

Signature of Bank Official _____

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

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

