

(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)

Secured Programs						Govt Schemes		Others			
AGPRO POWER	<input type="checkbox"/>	KISAN MITRA	<input type="checkbox"/>	MSME SAMRIDDDHI	<input type="checkbox"/>	SECURED EXPRESS	<input type="checkbox"/>	CGTMSE/ HYBRID	<input type="checkbox"/>	OTHERS	<input type="checkbox"/>
AGPRO LITE	<input type="checkbox"/>	KISAN MITRA LITE	<input type="checkbox"/>	MSME SAMRIDDDHI LITE	<input type="checkbox"/>	BALANCE TRANSFER NEXT	<input type="checkbox"/>	AIF/PMFME	<input type="checkbox"/>		
SOLAR PROJECT TERM LOAN	<input type="checkbox"/>	FDOD	<input type="checkbox"/>	POULTRY	<input type="checkbox"/>	QUICK GST OD	<input type="checkbox"/>	FPO	<input type="checkbox"/>		

For Office use only

Application Date:

Proposal No: Application No.
 Region: Sol Id
 Lead Id: Financial Year
 Name & Emp ID of officer sourcing the proposal
 The Branch Manager,

Axis Bank Ltd, _____ Branch.

Dear Sir/Mam

I/We, _____ hereby apply for the above-mentioned facilities aggregated ₹-----/-

(Rupees ----- only). I/we furnish below the necessary information

PART I : GENERAL DETAILS (MAIN APPLICANT)

Name:

Existing customer of Axis Bank Ltd* Y N If Yes, Provide Account No(s). or CIF ID CIF: A/C 1)

Constitution:* Resident Indian Proprietorship Partnership Private Ltd Public Ltd Others (pl. specify) _____

Nature of Business (Non-Individual): Manufacturing Trading (retail/Wholesale Service Provider Others (pl. specify) _____

Date of Birth/Incorporation: Date of commencement of Business:

Place of Incorporation: Country of Incorporation:

Annual Turnover (in Rs):

If Individual: Information Technology Professional Service Provider Agriculture Trader Others (pl. specify) _____

Annual Income (in Rs):

Source of Fund (Non Individual)* Business Income Equity Investment Donation / Grant From Group Company Others (pl. specify) _____

Source of Fund (Individual)* Salary Business Income Agriculture Investment Income Others (pl. specify) _____

*Source of Wealth: Inherited Funds Property Investment Others (pl. specify) _____ Nil

(For individual applicant/ co applicant who is a PEP) Wealth (In absolute Fig): _____

Registration No.: (Company/partnership/MSME reg. no)

Import Export code (if applicable) CKYC No. Y N (if yes, share number)

Proof of Identity Officially valid document(s) in respect of person authorized to transact Certificate of Incorporation/Formation _____
 Registration certificate _____ Memorandum and Articles of Association Trust Deed Resolution of Board / Managing Committee
 Power of attorney granted to its manager, officers or employees to transact on its behalf Activity Proof (If Applicable)
 Partnership Deed

PAN/GIR No*.: Udyog Aadhar No: (Wherever available Non Mandatory)

Aadhar Details: Individual Non Individual* Nationality:

(*Note - Where the client is non-individual, Aadhar number issued to person holding an attorney to transact on its behalf is required to be submitted. Please fill Aadhar details - Annexure for multiple people.)

Whether availing Pradhan Mantri Mudra Yojana (PMMY): Yes No No. of Employees (Permanent & Contractual) (Mandatory for ECLGS only)

Proof of address Certificate of Incorporation / Formation Registration certificate Other document (pls specify) _____

Registered Office/ Permanent Address*:

Landmark:

City: State/UT: Distance From Branch (km)

Districts: Pin code: *Country:

Telephone: Mobile* 9 1 Fax No:

Email ID: No. of Years: Ownership Self Owned Rented or Leased

Correspondence/ Communication address:*

Same as above Y N

Grid for Correspondence/ Communication address details including Landmark, City, Districts, Telephone, Email ID, State/UT, Pin code, *Country, Distance From Branch (km), Mobile*, Fax No, No. of Years, Ownership, Self, Owned, Rented or Leased.

Address of the Factory/Principal Place of Business*

Grid for Address of the Factory/Principal Place of Business details including Landmark, City, Districts, Telephone, Email ID, State/UT, Pin code, *Country, Distance From Branch (km), Mobile*, Fax No, No. of Years, Ownership, Self, Owned, Rented or Leased.

Details of Business / Occupation (About the Activity)*

Years of Experience (No. of years in business)*: Years

City _____ District _____ and Branch _____ where loan is required

GST Details

Whether registered under GST: Y N (If yes following details are mandatory) GST Exemption Y N Exemption reason if Yes _____

GST Registration: Single Multiple (Please fill GST annexure for multiple GST registration) Special Economic Zone: Y N

GSTIN

Address registered for GSTIN

Same as Registered office / Permanent Address Same as Correspondence / Communication address
Factory / Principal place of business As given below

Grid for Address registered for GSTIN details including Line1, Line2, Landmark, City, Districts, State, Pin code.

Whether the MSME unit is ZED rated: Yes No If yes, the gradation obtained by the MSME unit (Tick appropriate one)

Bronze Silver Gold Platinum

Legal Entity Identifier Declaration (Applicable For Non Individual Only)

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:
4) LEI Expiry Date:

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

Customer RISK Sign off Consent:

Yes I/We wish to protect my/our family from the loan liability in case of an eventuality and voluntarily would like to opt for (Type/Name of Policy) _____.
No

I/We have been informed by Axis Bank about (Type/Name of Policy) _____, but I/We have decided not to opt for it and. I/We completely understand that in case of an eventuality, the responsibility for EMI payment / loan repayment would remain & could fall on my /our family / firm, failing which, Axis bank would take necessary action(s) for recovery.

Signature Primary applicant's name

Signature Co- applicant's name

Signature Sales representative's name

PART II : EXISTING BANKING RELATIONSHIP

1. Accounts 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 enjoy following credit facilities with other bank(s)/Axis Bank as on date

A. Overdraft & Cash Credit

(₹ in Lakhs)

Sr. No	Bank & Branch with address	Type of Facility	Limit	Current Outstanding	Date of availment	Irregularity	ROI	Security offered	Renewal due on
1									
2									
3									

B. Term loan and other borrowings with Axis Bank and/or other Banks/ FI

(₹ in Lakhs)

Sr. No	Bank & Branch with address	Type of Facility	Limit	Current Outstanding	Date of availment	Irregularity	ROI	Security offered	Renewal due on
1									
2									
3									

PART III: Ownership, Management & Personal Guarantee Court appointment official

Number of related persons

Related Person Type	<input type="checkbox"/> Promoter <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Karta	<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"/> Trustee <input type="checkbox"/> Court Appointment Official <input type="checkbox"/> Beneficial Owner
Title	<input type="checkbox"/> Personal Guarantor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Authorized Signatory	<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"/> Power of Attorney Holder <input type="checkbox"/> Other (Please Specify) _____
First Name	<input type="text"/>	<input type="text"/>
Maiden Name (If Any)*	<input type="text"/>	<input type="text"/>
Father / Spouse Name	<input type="text"/>	<input type="text"/>
Mother's Name	<input type="text"/>	<input type="text"/>
Occupation Type:	Please put a tick Mark <input type="checkbox"/> Service (Private/Public/Government Sector) <input type="checkbox"/> Others(Professional/Self-Employed/Retired/Housewife/Student) <input type="checkbox"/> Business <input type="checkbox"/> Others	Please put a tick Mark <input type="checkbox"/> Service (Private/Public/Government Sector) <input type="checkbox"/> Others(Professional/Self-Employed/Retired/Housewife/Student) <input type="checkbox"/> Business <input type="checkbox"/> Others

Constitution Code	Resident Indian <input type="checkbox"/> Non-Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Overseas Citizen of India <input type="checkbox"/> Person of Indian Origin <input type="checkbox"/> Foreign National - Non PIO <input type="checkbox"/>	Resident Indian <input type="checkbox"/> Non-Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Overseas Citizen of India <input type="checkbox"/> Person of Indian Origin <input type="checkbox"/> Foreign National - Non PIO <input type="checkbox"/>
Existing Customer	Y <input type="checkbox"/> N <input type="checkbox"/> If yes, CIF <input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/> If yes, CIF <input type="text"/>
CKYC Number (if Available, Please write Number)	Yes/No <input type="text"/>	Yes/No <input type="text"/>
Politically Exposed Person (PEP) Status* <small>(Note: *PEP Politically Exposed Persons* (PEPs) are individuals who are or have been entrusted with prominent public functions by a foreign country, including the Heads of States/ Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials)</small>	Politically Exposed Person (PEP) Status* <input type="checkbox"/> PEP <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable	Politically Exposed Person (PEP) Status* <input type="checkbox"/> PEP <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable
Person with Disability:	Yes/No	Yes/No
Community:	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Buddhist <input type="checkbox"/> Zoroastrian <input type="checkbox"/> Jain <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"/> Buddhist <input type="checkbox"/> Zoroastrian <input type="checkbox"/> Jain <input type="checkbox"/> Parsi <input type="checkbox"/> Others
Category:	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> Minority <input type="checkbox"/> Woman <input type="checkbox"/> Other/General	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> Minority <input type="checkbox"/> Woman <input type="checkbox"/> Other/General
Age :	<input type="checkbox"/> Years DOB : <input type="text"/>	<input type="checkbox"/> Years DOB : <input type="text"/>
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
Nationality:	<input type="text"/>	<input type="text"/>
Education:	<input type="text"/>	<input type="text"/>
GST No.	<input type="text"/>	<input type="text"/>
Net Worth:	<input type="text"/>	<input type="text"/>
Annual Income As on:	<input type="text"/>	<input type="text"/>
% holding/ Profit Sharing Ratio:	<input type="text"/>	<input type="text"/>
PAN/GIR No*	<input type="text"/>	<input type="text"/>
Form 60 (Only if pan card/GIR No. Not available)	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
DIN (Mandatory in case of Director)	<input type="text"/>	<input type="text"/>

Proof of Identity and Address*

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)

A-Passport Number	<input type="text"/>	Applicant photograph With Signature / Thumb impression
Passport Expiry Date	<input type="text"/>	
B-Voter ID Card	<input type="text"/>	
C-Driving License	<input type="text"/>	
Driving Lic. Exp Date	<input type="text"/>	
D-NREGA Job Card	<input type="text"/>	
E-National Population Register Letter	<input type="text"/>	
F-Proof Possession of Aadhaar	<input type="text"/>	
E-KYC Authentication	<input type="text"/>	
Offline verification of Aadhaar	<input type="text"/>	

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)

A-Passport Number	<input type="text"/>	Applicant photograph With Signature / Thumb impression
Passport Expiry Date	<input type="text"/>	
B-Voter ID Card	<input type="text"/>	
C-Driving Licence	<input type="text"/>	
Driving Lic. Exp Date	<input type="text"/>	
D-NREGA Job Card	<input type="text"/>	
E-National Population Register Letter	<input type="text"/>	
F-Proof Possession of Aadhaar	<input type="text"/>	
E-KYC Authentication	<input type="text"/>	
Offline verification of Aadhaar	<input type="text"/>	

Residential Address

Address:

City/Town/Village:

District

PIN/Post Code

State/U.T

Country

Residence Ownership	<input type="checkbox"/> Own	<input type="checkbox"/> Rented
No of Years in the current residence	<input type="text"/> Years	<input type="text"/> Months

Address:

City/Town/Village:

District

PIN/Post Code

State/U.T

Country

Residence Ownership	<input type="checkbox"/> Own	<input type="checkbox"/> Rented
No of Years in the current residence	<input type="text"/> Years	<input type="text"/> Months

Current Address/ Mailing Address Details

Same as above

City/Town/ Village:

District

PIN/Post Code

State / U.T

Country

Same as above

City/Town/Village:

District

PIN/Post Code

State/U.T

Country

Contact Details *

Tel.(Off)

Tel.(Res)

Mobile

Email ID

Tel.(Off)

Tel.(Res)

Mobile

Email ID

Nature of Business / Industry Type / Employment Type*

If Individual Information Technology Professional Service Provider
 Agriculture Trader Others

If Salaried Pvt Ltd Public Ltd Partnership firm Proprietorship
 Public Sector Government Multinational Others

Source of Fund (Individual)* Salary Business Income Agriculture
 Investment Income Others

No. of Years in Employment / Business: Years

If Individual Information Technology Professional Service Provider
 Agriculture Trader Others

If Salaried Pvt Ltd Public Ltd Partnership firm Proprietorship
 Public Sector Government Multinational Others

Source of Fund (Individual)* Salary Business Income Agriculture
 Investment Income Others

No. of Years in Employment / Business: Years

DECLARATION OF BENEFICIAL OWNERSHIP

(NOT APPLICABLE FOR SOLE PROPRIETORSHIP ACCOUNTS)

Name of the Customer/Entity	
Registered Number <i>(Wherever applicable)</i>	
Registered Address	

The Customer/Entity as stated above hereby confirms and declares that on the below date *(Please tick the correct option - option 3 is applicable only for Company)*

1. We (Company) _____ confirm that following natural person(s) (listed in the Table below) directly or indirectly has/have controlling ownership interest i.e. having ownership/entitlement of more than 10 percent of the shares/capital/profits of the Company, or exercise control over the Company through other means which includes the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements.
- OR**
- We (Partnership firm) _____ confirm that following natural person(s) (listed in the Table below) directly or indirectly has/have ownership/entitlement of more than 10 percent of the capital/profits of the partnership, or exercise control over the Partnership firm through other means which includes the right to control the management or policy decision.
- OR**
- We (Unincorporated association or body of individuals or Society) _____ confirm that following natural person(s) (listed in the Table below) directly or indirectly has/have ownership/entitlement of more than 15 percent of the property/capital/profits.
- OR**
- We (Trust) _____ confirm that following natural person(s) (listed in the Table below) are beneficiaries, settlor, protector (if any), author(s) of the trust, trustee(s), has/have 10 percent or more interest in the trust or exercise ultimate effective control over the trust through a chain of control or ownership.
- OR**
2. **There is no natural person(s) who exercises control or ultimately have a controlling ownership interest directly or indirectly as stated above, therefore details of:**
- All partner(s) (for partnership) /senior managing officials (for unincorporated bodies/Society) who are natural person(s) are stated in the below Table.
 - Natural person(s) holding the position of directors/senior management in the Company are given in the below Table.

*(*If you have ticked any of the above, please complete the Table below before signing the declaration)*

Sr No.	Full Name of Beneficial owner/controlling natural person(s)	Date of Birth	Nationality	Address	Type of KYC Documents		Controlling ownership interest (%)
					Identity	Address	

OR

3. The Company is listed on _____ (Name of the Stock Exchange*) in India or is an entity resident in jurisdiction notified by the Central Government and listed on _____ (Name of Stock Exchange*) or it is a subsidiary of _____ (Name of the listed Company**) listed on _____ (Name of the Stock Exchange*)

*Stock Exchange recognized in India or in any jurisdiction notified by Central Govt.

**Entity listed on a Stock Exchange in India or an entity resident in jurisdictions notified by the Central Government and listed on stock exchanges in such jurisdictions.

The Customer/Company undertakes that the facts stated above are true and correct. The Customer/Company also undertakes and agrees that it will notify Axis Bank without delay of any changes in the controlling persons / shareholders, person exercising control or having controlling ownership interest in the Company / Partnership /LLP /AOP /Society/ Trust/Club/University / Institution, as declared in the table above.

For and on behalf of [Name of Company / Partnership / LLP / AOP / Society / Trust / Club / University / Institution]:

Signature of the Authorized Official*:

Full Name of the Authorized Official:

Designation/ Position:

Date

D	D	M	M	Y	Y	Y	Y
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- * The declaration should be signed by:
- i. An active/designated partner in case of Partnership Firm/LLP, a trustee in case of Trust, a senior managing official in case of AOP, Society, Club and member of the Managing Committee in case of University and Institution.
 - ii. The official authorized to sign by the Board Resolution of the Company, in case of a Company.

PART IV: Proposal Details

Section 1: *Loan Request Details

Sr.no	Nature of Facility	Amount Requested	Tenure	Purpose	Expected Interest Rate
1.					
2.					
3.					

(*In case of fresh term loan, Annexure- TL to be filled and attached)

Mode of Repayment : Cash A/c transfer/Standing Instruction UPI Payment Electronic transfers like RTGS/NEFT/IMPS/ECS/NACH Cheque/DD/PO

Details, in case of Take over:* Y N

(₹ in Lakhs)

Sr. No	Name of the Bank & Branch with Address	Nature of the facility	Sanction Limit	Present Outstanding	Irregularity, if any	Existing ROI	Details of the collateral mortgaged and value
1.							
2.							

PART V: Security Details

1. Primary Security: 2. Collateral Security (Non Agri Property / Liquid collateral only):

A. Immovable property

Name of Registered Owner	Relationship with the Borrower
Property Details	
Age of property in yrs	Value of the property:

B. Liquid collateral security offered:

2. Corporate Guarantor : (if applicable)

Name of the Corporate: Constitution:

Address: PAN/GIR no:

City: State: Pin code:

Phone No: CIN No: Registration No:

Net Worth: as on is ₹

PART VI: Past performance/Future estimates and other details

Amount in absolute number	Past year 1 (Actual)	Past year 2 (Actual)	Present year (Estimate)	Next year (Projection)	Installed Capacity	Utilized Capacity
Net Sales						
Net Profit						
Capital (Net worth in case of Companies)						

Need for proposed expansion/ expenditure:

Implementation Schedule: Repayment Schedule:

Associate Concern details

Name of Associate concerns	Address of associate concerns	Presently banking with	Nature of association	Extent of Interest as a Prop./ Partner/ Director or Just Investor in Associate Concern

*Govt. Sch.: Govt scheme covers govt introduced schemes like Agri infrastructure (AIF), PMFME, etc.

Part VII – Status regarding Statutory Obligations

Whether complied with (select Yes/No). Select NA in case not applicable		
1	Registration under Shops and Establishment ACT	Yes / No / NA
2	Registration under MSME (Provisional / Final)	Yes / No / NA
3	Latest Sales Tax returns filed	Yes / No / NA
4	Latest Income Tax returns filed	Yes / No / NA
5	Any other statutory dues remaining outstanding	Yes / No / NA

Part VIII - Customer Request Details

a) Activate my account for Mobile number updates and alerts: Yes / No - Mobile

 This subscribes to all alerts including Value added alerts

b) Activate my account for E - S statements registration: Yes / No - email id:

 In case E - S statements are activated, physical statements will be disabled

a) New Cheque book request: Number of cheques book/ s required

Non Refundable Login Fees – ₹ 5120/- + Applicable taxes. (A Cheque to be issued in favour of Axis Bank Ltd – COMM - LOGIN FEES-RURAL LENDING – B2B R OR Axis Bank Ltd – COMM - LOGIN FEES-RURAL LENDING – MSME – as applicable)

Details of the Cheque

Bank Name	Branch Name	Cheque Number	Amount	Date

I hereby confirm that I have submitted above mentioned cheque towards non-refundable login fees.

I have read, understood and agree to the terms and conditions to various products and services. I accept and agree to be bounded by the terms and conditions as displayed on www.axisbank.com. I agree that the bank may debit service charges plus taxes to my account wherever applicable.

