

*Email ID

For e-statement preference Daily Weekly Monthly (Bank Intimations / Account Statements / Trade Advices will be sent on this ID by default)

Whether Physical Statement is required (Monthly) Yes No Tick if e-statement is not required

2(a). MODE OF OPERATIONS

SINGLY JOINTLY SEVERALLY As Per Board Resolution
 PROPRIETOR / AUTHORISED SIGNATORY

3. REGISTERED ADDRESS OF THE ENTITY FROM (YEAR)

Address Line1
Address Line2
City
State Pin code Country

Contact Details

Country Code STD code Landline No. Mobile No.
E-Mail ID
Business Premises Self Owned and free Self Owned and encumbered Rented

4. OPERATING ADDRESS OF THE ENTITY Preferred Mailing Address Same as registered Address

Years / Months at Current Address Years in City
Address Line1
Address Line2
City
State Pin code Country

Contact Details

Country Code STD code Phone No. Extension
E-Mail ID
Mobile No.
Business Premises Self Owned and free Self Owned and encumbered Rented

5. CO-APPLICANT DETAILS

1. Main promoter/ Proprietor/ Partner/ Director

Title Mr. Ms. Mrs. Dr. Others () Gender Male Female Third Gender
Full Name
First Name Middle Name Surname
Father's/ Legal Gaurdian Name
Date of Birth Marital Status Married Unmarried Others ()
No. of Dependents Nationality
Mother's Maiden Name AADHAAR No.
PAN No. Annual Income
Percentage of Shareholding _____ %
Religion Hindu Muslim Christian Sikh Zoroastrian Buddhist Others ()
Category SC ST OBC General Others ()
Educational Qualification Undergraduate Graduate Post Graduate Professional Others ()
Type of Residence Self owned and free Self owned and encumbered Rented Owned by parents
If Self owned - Ownership Individual Joint

RESIDENTIAL ADDRESS DETAILS Preferred Mailing Address Years/Month at Current Address Years in City

Address Line1

Address Line2

Landmark

City

State Pin code Country

Residential Contact Details

Country Code STD code Landline No. Mobile No.

E-Mail ID

In case of rented accomodation, Please provide permanent address details

2. Promoter/ Partner/ Director/ Guarantor

Title Mr. Ms. Mrs. Dr. Others () Gender Male Female Third Gender

Full Name

First Name Middle Name Surname

Father's/ Legal Gaurdian Name

Date of Birth Marital Status Married Unmarried Others ()

No. of Dependants Nationality

Mother's Maiden Name AADHAAR No.

PAN No. Annual Income

Percentage of Shareholding _____ %

Religion Hindu Muslim Christian Sikh Zoroastrian Buddhist Others ()

Category SC ST OBC General Others ()

Educational Qualification Undergraduate Graduate Post Graduate Professional Others ()

Type of Residence Self owned and free Self owned and encumbered Rented Owned by Parents

If Selfowned - Ownership Individual Joint

RESIDENTIAL ADDRESS DETAILS

Preferred Mailing Address Years/Month at Current Address Years in City

Address Line1

Address Line2

Landmark

City

State Pin code Country

Residential Contact Details

Country Code STD code Landline No. Mobile No.

E-Mail ID

In case of rented accomodation, Please provide permanent address details

3. Promoter/ Partner/ Director/ Guarantor

Title Mr. Ms. Mrs. Dr. Others () Gender Male Female Third Gender

Full Name

First Name Middle Name Surname

Father's/ Legal Gaurdian Name

Date of Birth Marital Status Married Unmarried Others ()

No. of Dependants Nationality

Mother's Maiden Name AADHAAR No.

12. PROPOSED CREDIT FACILITIES

Type of Facilities	Amount (In Lakhs)	ROI(% P.A)		Purpose For which it is required	Security Offered	
		Floating / Fixed			Primary Security (Details with approx.value to be mentioned)	Whether Collateral Security Offered (Please mention Yes or No)
Cash Credit/Overdraft						<input type="checkbox"/> Yes <input type="checkbox"/> No
Working Capital Demand Loan						<input type="checkbox"/> Yes <input type="checkbox"/> No
Term Loan						<input type="checkbox"/> Yes <input type="checkbox"/> No
Letter of Credit						<input type="checkbox"/> Yes <input type="checkbox"/> No
Buyers' Credit						<input type="checkbox"/> Yes <input type="checkbox"/> No
Bank Guarantee						<input type="checkbox"/> Yes <input type="checkbox"/> No
Others ()						<input type="checkbox"/> Yes <input type="checkbox"/> No
Others ()						<input type="checkbox"/> Yes <input type="checkbox"/> No

In case of term loan requirements, the details of machinery may be given as under:

Type of Asset	Purpose of Asset	Whether Imported or Indigenous	Name of Supplier	Total Cost of Machine (In case of imported machine, the break-up of basic cost, freight, insurance and customs duty may be given)	In case of machinery, Place of installation	Promoter's Contribution	Loan Required

13. DETAILS OF PROPOSED COLLATERAL SECURITY

Sr.No	Type of Property	Owned By	In case of property offered not owned by borrower, Relationship with borrower	Property Location (City/Town)	Approximate Market Value (Rs. in Lacs)	Free from encumbrance	Presently mortgage to which Financial Institution
1	<input type="checkbox"/> Self occupied residential <input type="checkbox"/> Rented residential <input type="checkbox"/> Self occupied commercial <input type="checkbox"/> Rented commercial <input type="checkbox"/> Industrial self occupied <input type="checkbox"/> Others ()					<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	<input type="checkbox"/> Self occupied residential <input type="checkbox"/> Rented residential <input type="checkbox"/> Self occupied commercial <input type="checkbox"/> Rented commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Others ()					<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	<input type="checkbox"/> Self occupied residential <input type="checkbox"/> Rented residential <input type="checkbox"/> Self occupied commercial <input type="checkbox"/> Rented commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Others ()					<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	<input type="checkbox"/> Self occupied residential <input type="checkbox"/> Rented residential <input type="checkbox"/> Self occupied commercial <input type="checkbox"/> Rented commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Others ()					<input type="checkbox"/> Yes <input type="checkbox"/> No	

14. PSL CATEGORY

Priority Sector / MSME Category (Furnish Udyam Certificate regarding turn over and investment in plant and machinery/equipments or the same shall be taken from audited financials)

<input type="checkbox"/> Micro Manufacturing Enterprises :	<input type="checkbox"/> Micro Service Enterprises :
<input type="checkbox"/> Small Manufacturing Enterprises :	<input type="checkbox"/> Small Service Enterprises :
<input type="checkbox"/> Medium Manufacturing Enterprises :	<input type="checkbox"/> Medium Service Enterprises :

I/ We hereby declare that information furnished above is true and accurate

Applicant Signature

15. 1. TRADE REFERENCE

2. TRADE REFERENCE

Name of Entity

Contact Person

Relationship with Applicant : Supplier Customer
 Competitor
 Others ()

Address Line1

City : _____

STD Code

Phone No.

Mobile No.

PIN Code

Email ID

Name of Entity

Contact Person

Relationship with Applicant : Supplier Customer
 Competitor
 Others ()

Address Line1

City : _____

STD Code

Phone No.

Mobile No.

PIN Code

Email ID

16. DECLARATION (Please read carefully and sign at the end of this section after you have filled in the details in the form)

- No director of the Equitas Small Finance Bank is a director, manager, managing agent, employee or guarantor of the Company, or of a subsidiary of the Company, or of the holdig company of the company, or holds substantial interest in the Company or a subsidiary of the holding company of the Company and no directors of any other banks holds substantial interest or is interested as director or as a guarantor of the Company. In Case of any Relation Please fill up as under
 (a). Details of relationship, if any, with any Director/Senior Officer of Equitas Small Finance Bank:
 Name of the Director/Senior Officer : _____
 Relationship with the Director/Senior Officer : _____
 (b). Details of relationship, if any, with any Director of other bank/s
 Name of Director and the Bank : _____
 (c). Details of Directors of the company or its subsidiary company or its holding company, who are also on the board of Equitas Small Finance Bank.
 Name of the Director/Senior Officer : _____
- No relative (as specified by RBI) of a chairman/managing director or director of banking company (including the Lender) or a relative of senior officer (as specified by RBI) of the lender, hold substantial interest or is interested as a director or as guarantor of Barrower.
- I/We wish to avail the Finance facilities/products from Equitas Small Finance Bank. I have read, understood and agree to the Terms and Conditions displayed on the Website of Equitas Small Finance Bank i.e www.equitasbank.com, which may be amended by Equitas Small Finance Bank from time to time and hosted and notified on the Website of Equitas Small Finance Bank.
- I/We authorize Equitas Small Finance Bank to conduct my/our credit history verification with CIBIL or any other credit rating agency and acknowledge that Equitas Small Finance Bank shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me/us to Equitas Small Finance Bank. I/We declare that I/We have not availed any credit facility from any bank or have obtained NOC from such bank(s) for opening of a current account with Equitas Small Finance Bank.
- I/We agree to furnish and intimate to Equitas Small Finance Bank any other particulars that we are called upon to provide on account of any change in laws/statutory requirements either in India or abroad. I/We authorize Equitas Small Finance Bank to exchange, share or part with all the information provided herein with financial institutions/agencies/statutory bodies/other such person, as may be required by Equitas Small Finance Bank. I/We shall not hold Equitas Small Finance Bank or its agents/representatives liable for using/sharing such information.
- I/We hereby declare that the information provided herein as well as in the documentary evidence provided by me/us to Equitas Small Finance Bank (the "Customer Information") is true, correct and complete in all aspects to the best of my/our knowledge and that I/We have not withheld any Customer Information that may affect the assessment/categorization of the account as a Reportable account or otherwise. I/We further agree that any false/misleading Customer Information given by me/us or suppression of any material fact will render my/our account liable for closure and the bank shall have the right to initiate any action, under law or otherwise.
- If any of the information provided here is incorrect, I/We hereby agree to indemnify and keep indemnified Equitas Small Finance Bank, affiliates and their successors or assignees.
- I/We agree and understand that Equitas Small Finance Bank reserves the right to reject my/our Loan application form/request without assigning any reason thereof and without being liable to me/us in any manner whatsoever.
- The Applicant has / have no objection to Equitas Small Finance Bank, agents / representatives to provide me / us information on various products, offers, and services provided by Equitas Small Finance Bank Ltd through any mode (including without limitation through telephone calls / SMSs / emails) and authorise Equitas Small Finance Bank Ltd, agents / representatives for the above purpose. Yes No
- I am/We are, aware that the RBI guidelines mandates me/us to provide information on our dealing in foreign currency or unhedged foreign currency exposure in any manner whatsoever. I/We hereby confirm that we do not deal/transact in foreign currency and do not have any unhedged foreign currency exposure. In the event, I/We deal in foreign currency or hold unhedged foreign currency exposure at any time during the currency of my/our relationship with the bank, I/we undertake to intimate the bank immediately on such occurrence.
- I am/we are aware that the bank will not return the documents submitted by us in the event of rejection of loan by the Bank for any reason whatsoever.

17. LIST OF DOCUMENTS

Please return this application form along with the following documents:

- KYC Documents of Proprietor/Partners/Directors and Company
- Audited P/L & Balance Sheet with all schedule for last 3 years
- Income Tax returns for last 3 years
- Self-Certified Latest Shareholding Pattern & List of Directors / Partners
- Shop Establishment Certificate (In case of Proprietorship), Copies of Partnership deed, and Certificate of Registration of firm (For Partnership Firm) OR Copies of Memorandum of Association, Articles of Association and Certificate of Incorporation

- Auditor Certified Net Worth Statement of all Guarantors
- Bank Account Statement for last 12 months for all accounts
- VAT/ GST / Service Tax Return for turnover achieved in Current Financial Year (YTD)
- Copy of Property Documents offered as collateral security
- Projected Financials for succeeding financial year
- Copy of Latest Sanction Letter of facilities being enjoyed
- 1 year audited Financials of Group/Associate companies
- Company Profile, Business Model, Promoters Profile, Management Profile, Products Dealing in etc
- Year to date Performance with details of order in hand
- Partners Authorisation letter in case of firm and Board resolution in case of companies/LLP/Societies/Club)

18. SCHEDULE OF CHARGES

Charge Description	Particulars
General Fees	<ul style="list-style-type: none"> • Non-Refundable Login fee of Rs. <u>5000/-</u> plus GST as applicable at login Stage • Processing fees up to 2% of Loan Amount plus GST as applicable • Renewal Review Fees up to 2% plus Cersai Fees as applicable plus GST
Expiry of Limits/ Non Renewal Charges	<ul style="list-style-type: none"> • Additional 2% over and above the contracted rate
Overdrawn Charges/Security not perfected/covenant not complied with	<ul style="list-style-type: none"> • Additional 2% over and above the contracted rate
Non Submission of Stock Statement Charges (Only in Case of Cash Credit Customers)	<ul style="list-style-type: none"> • Additional 2% over and above the contracted rate

Primary Applicant	Co-Applicant 1	PHOTO	Co-Applicant 2	PHOTO
	Signature		Signature	
Signature	Co-Applicant 3	PHOTO	Co-Applicant 4	PHOTO
	Signature		Signature	

19. BANK USE SECTION

Login Fee Details Amount

 Cheque/DD NEFT/RTGS

Cheque No.

 Bank Name _____ Branch Name _____

Branch Name _____ Branch Name _____ Product Code _____

Sourcing Branch Code _____ DSA Name _____ Lead Generator _____

Lead armer _____ Lead Converter _____ Profit Centre _____

Other Details _____

Banker Certification

I have met the customer at Communication Address Business Address Other _____

I have seen the original YC documents and returned these to the customer. The customer has signed in my presence

Copy Photo taken for record

Name _____ Date

 Employee ID/RM Code _____

 D D M M Y Y Y Y

Signature/Stamp

Beneficial Owner's Name

Beneficial Owner's Designation

Beneficial Customer ID

Percentage Holding : _____

Beneficial Owner's Signature : _____

Beneficial Owner's Name

Beneficial Owner's Designation

Beneficial Customer ID

Percentage Holding : _____

Beneficial Owner's Signature : _____

23. DECLARATION FOR INTERNET BANKING FACILITY FOR COMPANIES / TRUSTS / CO-OPERATIVE SOCIETIES / ASSOCIATION OF PERSONS / CLUBS / PARTNERSHIPS / LIMITED LIABILITY PARTNERSHIPS

In order to facilitate the operation of the said account, we hereby request Equitas Small Finance Bank to allow us, to operate the said account through the bank's Internet Banking facility by using the customer / user ID and the Internet Banking Login password, on the terms and conditions detailed hereunder which have been read and understood by us. We acknowledge that the same are in addition to and not in derogation of the terms and conditions relating to the said account and Internet Banking facility.

- M/s. _____ (Entity name) will be solely entitled to receive the customer / user ID and the Internet Banking Login password to access the Internet Banking facility and to acknowledge the same.
- The customer / user ID and the Internet Banking Login password shall be kept totally secret and confidential by the authorized signatory whosoever is using it.
- All transactions carried on in the said account through use of the Internet Banking facility shall be binding on the Company / Trust / Co-operative Society / Association of Person / Club / Partnership / Limited Liability Partnerships and Equitas Small Finance Bank shall at all times be kept saved and harmless from all actions, claims, demands, proceedings, losses, damages, costs, charges and expenses whatsoever which Equitas Small Finance Bank may at any time incur, suffer or sustain or to be put to as a consequence of or by reason of or arising out of transactions carried out through the Internet Banking facility.
- Equitas Small Finance Bank shall at all times be informed of any changes in the operating instructions for Internet Banking facility by furnishing necessary documents and writings and in such event to change the Internet Banking password forthwith.
- Equitas Small Finance Bank shall not be responsible and liable to monitor the nature of expenses incurred by the use of the said Internet Banking facility.
- All the provisions of the Foreign Exchange Management Act, 1999 and the rules made thereunder and the regulations of the Reserve Bank of India relating to foreign exchange, in force from time to time shall be complied with by us.
- I / We have read the terms and conditions in this application form as well as displayed on the Bank's website pertaining to Internet Banking facility.
Default Transaction Limit: Rs.10 lakhs of NEFT / RTGS / Funds Transfer to Self & Third Party / Bill Payment / Online Shopping / VISA Credit Card Bill Payment per day using OTP)
- All the provisions of the PMLA Act, 2002, and the rules made thereunder and the regulations of the Reserve Bank of India relating to PMLA, in force from time to time shall be complied with by us.

Place: _____

Signature Signature Signature Signature

24. DECLARATION FOR SOLE PROPRIETORSHIP

I refer to the account opened by you in the name of M/s. _____ and declare as under:
I, the undersigned, am the sole proprietor of the firm and am solely responsible for the liabilities thereof. I shall advise you in writing of any change that takes place in the constitution of the firm and I will be liable to you for any obligation which may be standing in the firm's name in your books on the date of receipt of such notice and until all such obligations shall have been liquidated.
I declare that I have an existing account with CA / CC / SB No. _____ with _____ Bank in the name of _____ for the last _____ years I agree to indemnify and hold the Bank harmless in case of any loss suffered by the Bank, its customers or a third party or any claim or action brought by a third party which is in any way the result of availing of services by me.
I agree that all the information disclosed in this document is correct and agree to inform you of any change in the information provided in this form or in related documents.
I have furnished to the Bank the Power of Attorney authorising the person(s) as indicated hereinbefore for operating the account.
I confirm having read the rules of the Bank regarding the conduct of the account as per deposit rules attached and the Citizens' Charter & Deposit Policy of the Bank.
I confirm having read the rules of the Bank regarding the conduct of the account and the rules and regulations pertaining to Phone Banking, Debit Card, Doorstep Banking, Anywhere Banking, Internet Banking, Mobile Banking & Utilities Pay Facilities. I accept and agree to comply with the terms and conditions or any rules of the Bank that may be in force from time to time. I acknowledge that it is my responsibility to obtain a copy of and read the same. I have received the deposit rules annexed to this account opening form and agree to abide by the same.

Name : _____
Designation : _____
Signature

25. DECLARATION FOR PARTNERSHIP FIRMS / LLP (To be signed by partners without rubber stamp)

We, the undersigned, are carrying on business in Partnership in the name and style of _____.
We declare that we, the undersigned, are the partners of the firm. The Bank may recover its claims from the estate of any or all the partners of the firm (Not applicable to LLP).
We hereby undertake that we will not change or vary the constitution of the firm without your prior approval in writing and our individual responsibility to the Bank will continue until we receive from the Bank an acknowledgment and until all our liabilities with the Bank are discharged. The document and its contents submitted at the time of opening of this account are true and correct.
We agree to indemnify and hold the Bank harmless in case of any loss suffered by the Bank, its customers or a third party or any claim or action brought by a third party which is in any way the result of availing of services by us under the above account title. We agree that all the information disclosed above is correct and agree to inform you of any change in the information provided in this form or in related documents.
We confirm having read the rules of the Bank regarding the conduct of the account and the rules and regulations pertaining to Phone Banking, ATM / Debit Card, Doorstep Banking, Anywhere Banking, Utilities Pay Facilities, Internet Banking and Mobile Banking. We accept and agree to comply with the terms & conditions or any rules of the Bank that may be in force from time to time. We acknowledge that it is our responsibility to obtain a copy and read the same.
In the event of the death, insolvency or withdrawal of any partner the surviving partner or partners shall have full control or any monies then and thereafter standing to the firm's credit and securities pledged, hypothecated or held in the firm's account with you. It is understood that all monies now or hereafter standing to the credit of the account of the firm or securities pledged, hypothecated or held in the account with you shall belong to the surviving partner in the event of any of us dying during the currency of the account. It is further understood that if any one of us forbids operation on the account (which is not payable to all the partners jointly), the amount lying at credit shall not be payable except on the discharge of all the partners or the surviving partners as the case may be.
We authorise the partners as mentioned above to operate the account and confirm that each of us will be jointly / severally be bound by the transactions and / or any other acts done or authorised by these persons in conduct of the said account.
We have furnished to the Bank a Power of Attorney in favour of the authorised signatory(ies) mentioned above who is / are not partners of the firm.
We have read the deposit rules annexed to this account opening form and agree to abide by the same.

Place: _____ Date: _____

Name : _____ Name : _____ Name : _____ Name : _____
Designation : _____ Designation : _____ Designation : _____ Designation : _____
Signature Signature Signature Signature

26. DECLARATION FOR TRUSTS / ASSOCIATIONS / SOCIETIES / CLUBS (With rubber stamp)

The account will be operated by _____ who has / have been authorised by the Byelaws / Memorandum of Association / Articles of Association / Trust Deed / and Resolution No. _____ dated _____ of the Trustees / Director / Authorised signatories. A certified copy of the resolution signed by all Trustees / Director / Authorised signatories is attached herewith. A copy of the Byelaws / Trust Deed / Memorandum of Association and Articles of Association dated _____ duly certified is sent herewith. In future if any change is required in the name of the operators of the account, it will be effected by a resolution of the Board of Trustees and you will be informed accordingly in writing by all the trustees and you will allow such persons to operate upon the account. We agree to comply with and be bound by Bank's rules now and from time to time in force for the conduct of such accounts. We have received the deposit rules annexed to this account opening form and agree to abide by the same.

- We shall submit prior permission communication from Ministry of Finance for accepting foreign contribution within 3 months and you may not accept any foreign contribution till such time we submit the communication.
- We certify that this is the only FCRA Account opened and held by the Trust and that the foreign contributions received by the Trust will be strictly in accordance with FCRA Act and Rules.

	Signature	Name	Designation
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

27. ACKNOWLEDGEMENT

Received on Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Application No.

--	--	--	--	--	--	--	--

Notification of Sanction/Rejection will be communicated to you, with in three weeks after receipt of complete Application form with supporting documents, post assessment of Proposal as per Equitas Small Finance Bank policy.

Login Fees of Rs. _____ received by Cheque No./DD _____ dated _____ drawn on _____ Bank
 Login Fees of Rs. _____ received by Account Debit Mandate from for _____ (Account No.)

Fees and charges are subject to change at the sole discretion of the bank Login Fee collected at the time of application will not be refunded. Visit the link <https://inet.equitasbank.com/LoanStatus/> in our Bank website and mention your loan application/ proposal number to know the status of your application.

<p>Bank Official Signature (Stamp)</p> <div style="border: 1px solid black; width: 100%; height: 60px; margin-top: 10px;"></div>	<p>Bank Official Name _____</p> <p>Phone No. _____</p> <p>Location _____</p> <p>Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table></p>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

NOMINATION FORM DA1 (Only for Sole Proprietorship Firms. Please choose any of the below option)

Yes, I / we wish to nominate (as per details below) No, I / we declare that I / we do not wish to make a nomination in my / our account
 Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in the respect of Bank deposits.
 I / We nominate the following person to whom in the event of my / our minor's death the amount of the above opened Account / Fixed Deposits / Recurring Deposits, may be returned to by Equitas Small Finance Bank Ltd.

Nominee Name

Is Nominee Address same as Prospect's Current Address Y N

Nominee Address:

* Nominee Age

Relationship with depositor, if any _____ Is Nominee, Equitas Customer Y N Customer ID:

**As nominee is a minor on this date, I / we appoint _____

to receive the amount of deposit in the account on behalf of the nominee in the event of my / our minor's death during the minority of nominee.

Guardian relationship to minor Is Nominee Address same as Prospect's Current Address : Y N

Nominee Address

Telephone (Res) - Mobile

*Email ID

Witness(es)

*Signature/Thumb impression of the depositor

Name: _____	Name: _____
Signature***: _____	Signature***: _____
Address: _____	Address: _____

*Where deposit is made in the name of minor, the nomination must be signed by a person lawfully entitled to act on behalf of the minor. **Strike out if nominee is not a minor. ***Thumb impression(s) shall be attested by two witnesses.

28. LIST OF DOCUMENTS

Please return this application form along with the following documents:

- KYC Documents of Proprietor/Partners/Directors and Company
- Audited P/L & Balance Sheet with all schedule for last 3 years
- Income Tax returns for last 3 years
- Self-Certified Latest Shareholding Pattern & List of Directors / Partners
- Shop Establishment Certificate (In case of Proprietorship), Copies of Partnership deed, and Certificate of Registration of firm (For Partnership Firm) OR Copies of Memorandum of Association, Articles of Association and Certificate of Incorporation
- Auditor Certified Net Worth Statement of all Guarantors
- Bank Account Statement for last 12 months for all accounts
- VAT/ GST / Service Tax Return for turnover achieved in Current Financial Year (YTD)
- Copy of Property Documents offered as collateral security
- Projected Financials for succeeding financial year
- Copy of Latest Sanction Letter of facilities being enjoyed
- 1 year audited Financials of Group/Associate companies
- Company Profile, Business Model, Promoters Profile, Management Profile, Products Dealing in etc
- Year to date Performance with details of order in hand
- Partners Authorisation letter in case of firm and Board resolution in case of companies/LLP/Societies/Club)

29. SCHEDULE OF CHARGES

Charge Description	Particulars
General Fees	<ul style="list-style-type: none"> • Non-Refundable Login fee of Rs. 5000/- plus GST as applicable at login Stage • Processing fees up to 2% of Loan Amount plus GST as applicable • Renewal Review Fees up to 2% plus Cersai Fees as applicable plus GST
Expiry of Limits/ Non Renewal Charges	<ul style="list-style-type: none"> • Additional 2% over and above the contracted rate
Overdrawn Charges/Security not perfected/covenant not complied with	<ul style="list-style-type: none"> • Additional 2% over and above the contracted rate
Non Submission of Stock Statement Charges (Only in Case of Cash Credit Customers)	<ul style="list-style-type: none"> • Additional 2% over and above the contracted rate

Landmark
City
State Pin code Country

Residential Contact Details

Country Code STD code Landline No. Mobile No.
E-Mail ID

In case of rented accommodation, Please provide permanent address details

3. Promoter/ Partner/ Director/ Guarantor

Title Mr. Ms. Mrs. Dr. Others () Gender Male Female Third Gender

Full Name
First Name Middle Name Surname

Father's/ Legal Gaurdian Name

Date of Birth DD MM YY YY YY Marital Status Married Unmarried Others ()

No. of Dependants Nationality

Mother's Maiden Name AADHAR No.

PAN No. Annual Income

Percentage of Shareholding _____ %

Religion Hindu Muslim Christian Sikh Zoroastrian Buddhist Others ()

Category SC ST OBC General Others ()

Educational Qualification Undergraduate Graduate Post Graduate Professional Others ()

Type of Residence Self owned and free Self owned and encumbered Rented Owned by parents

If Self owned - Ownership Individual Joint

RESIDENTIAL ADDRESS DETAILS Preferred Mailing Address Years/Month at Current Address YY MM MM Years in City

Address Line1

Address Line2

Landmark

City

State Pin code Country

Residential Contact Details

Country Code STD code Landline No. Mobile No.

E-Mail ID

In case of rented accomodation, Please provide permanent address details

Co -Applicant 5

Signature

PHOTO

Co-Applicant 6

Signature

PHOTO

Co -Applicant 7

Signature

PHOTO

31. BENEFICIAL OWNER DECLARATION

FOR Company/Partnership/LLP/AOP/BOI/Trust (To be obtained on the letterhead of the client)

Please fill the Form in BLOCK LETTERS ONLY. All fields marked "*" are MANDATORY.

Please ensure that all mandatory fields have been filled correctly else the form is liable to be rejected.

*Date of declaration: __/__/____(DD/MM/YYYY)

Entity type: Company LLP Partnership Trust

AoP (Association of Persons) Bol (Body of Individuals)

Whether Company is listed* No Yes

If yes, Name of Stock Exchange: _____

Entity Name: _____

Section I: We declare that no individual person holds directly "Controlling ownership in the captioned Company/ Firm / LLP / AoP Bol/ Trust above the prescribed threshold limit

Sr. No.	Name of Senior Managing position	Date of Birth / Date of Incorporation*	Designation	PAN/CIN Number*	Address

Section II : I/We the undersigned hereby declare the below details of beneficial owners holding **Controlling ownership in the captioned Company/ LLP/ Firm/ AoP/ Bol above the prescribed threshold limit

Sr. No.	Name of trustees, settlers, grantors & Beneficiaries / Name of Shareholders/ Partner / Beneficial holders	Date of Birth / Date of Incorporation *	Mention if trustee, settler, grantor, protector or beneficiary or Designaton (In case of Companies)	PAN / CIN Number*	Address	% of Ownership/ Capital / Profits

(For Trusts: Please provide details of trustees, Settlers, Grantors, Protectors, beneficial owners holding 15% and above beneficial interest in the captioned Trust)

Section III: Applicable only if there is/are non-individual Beneficial owner(s) holding Controlling** ownership as declared in **Sec II**.

The following individual person(s), directly or indirectly, holds "Controlling ownership in the above captioned Company/Firm/LLP/AoP/Bol/Trust

Sr. No.	Name of trustees, settlers, grantors & Beneficiaries / Name of Shareholders/ Partner / Beneficial holders	Date of Birth / Date of Incorporation *	Mention if trustee, settler, grantor, protector or beneficiary or Designaton (In case of Companies)	PAN / CIN Number*	Address	% of Ownership/ Capital / Profits

Name of Director/Partner/Member/Trustee

(Signatures & Seal of the any of the Directors/Partners/Trustees/Members)

***Important Points Note :**

- Pan Number to be provided for Resident, In absence of it, valid ID document to b submitted. If minor, then age proof to be provided.
- CIN No. to be mentioned for Companies registered uner ROC. For other Non-Individual entities,
- Address mentioned should be of Residence for Individuals and Registered Office for Non-Individuals entity.

In case of listed Companies, no further details of beneficial owners to be obtained

*** Mention the name of the company of the beneficiary

****Definition of Controlling Ownership**

Definition of Beneficial owners : The term "beneficial owner" has been defined as the natural person who ultimately owns or controls a client and/or the person on whose behalf the transaction is being conducted, and includes a person who exerises ultimate effective control over a juridical person.

Where no naural person is identified, the identity of the relevan natural person who holds the position of senior managing official.

Percentage alocation as per RBI guidelines for identification of Beneficial owners

- Company/LLP : 25% and above of Equity shares.
- Partnership firm/ BOI : 15% and above of the property o apital or profits
- Trust : 15% and above of the property or capial or profits

Note :

Refer to following instruction while filling details in above format: -

(a) For the column marked with #

- (1) Pan Number to be provided for Resident. In absence of it, valid ID document to be submitted. If minor, then age proof to be provided.
- (2) For Non-Individual Entity - Registration Number to be mentioned.
- (3) In case of Foreign National/NRI, Passport Number to be additionally provided.
- (4) Address mentioned should be of Residence for Individuals and Registered Office for Non- Individuals entity.
- (5) Date of Incorporation should be the date when entity was registered/formed.
- (6) In case of minor partner, then age proof to be provided.

##In absence of PAN, valid ID document to be submitted. If minor, then age proof to be provided.