

Application For Loan/ Overdraft Against Securities Form type

Date D D M M Y Y Y		Fields mark with (*) mandatory	
A. Loan Applicant Details (To be filled by the applicant)*			
Facility Sought Loan Overdraft			
		ners (Please Specify)	
		icis (rieuse specify)	
Group Code Sales Mai	nager 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	YN	YN	
Account No.			
Relation with Applicant			
Name* (Same as ID proof)			
Middle Name			
Last Name Maiden Name* (If any)			
Father Name*			
Middle Name			
Last Name			
Mother Name*			
Middle Name			
Last Name			
Constitution	Resident Indian Non-Resident Indian Foreign Nationals Overseas Citizen of India Person of Indian Origin	Resident Indian Non-Resident Indian Foreign Nationals Overseas Citizen of India Person of Indian Origin	
PAN CARD*/ GIR NO.	Verseas Citizen of Hula Person of Indian Origin	Overseas Citizen of India Person of indian Origin	
Do you have a relationship with any	YN	YN	
politically exposed person/s? *UID Aadhar No.			
See a see W.			
DIN NO.*			
Udyog Aadhar No.			
Date of Birth (DD/MM/YYYY)* and Gender	D D M M Y Y Y D Male Female Trans Gender	D D M M Y Y Y Y Male Female Trans Gender	
CKYC Number			
Nationality	Indian Others	Indian Others	
Registration No.*			
Date of Establishment/Commencement:	D D M M Y Y Y Y	D D M M Y Y Y	
Category	SC ST OBC General	SC ST OBC General	
Religion	Hindu Muslim Christian Sikh	Hindu Muslim Christian Sikh	
	Jain Buddhist Parsi Others	Jain Buddhist Parsi Others	
Source of Fund*	Salaried Investment Professional Fees Business Earnings Commission Agriculture	Salaried Investment Professional Fees Business Earnings Commission Agriculture	
Person with disability	Yes No	Yes No	
Marital Status	Married Unmarried Other	Married Unmarried Other	
Education	Matriculate Undergraduate Graduate	Matriculate Undergraduate Graduate	
	Postgraduate Professional Others	Postgraduate Professional Others	
Occupation Type*	Salaried Self Employed Unemployed	Salaried Self Employed Unemployed	
	Retired Housewife Student	Retired Housewife Student	
	Self Employed Politician	Self Employed Politician	
If Salaried, Type of Organization*	Pvt Ltd Public Ltd Proprietorship Partnership firm Public Sector Government	Pvt Ltd Public Ltd Proprietorship Partnershipfirm Public Sector Government	
(tick the relevant option)	Multinational Trust/Association/Society/Club	Multinational Trust/Association/Society/Club	
	Nature of Employment (As per the type of oranization selectd above, mention the details of profession example: Director/Banker/Agent)	Nature of Employment	
	(As per the type of oranization selectd above, mention the details of profession example: Director/Banker/Agent) Information Technology Professional Service Provider	(As per the type of oranization selected above, mention the details of profession example: Director/Banker/Agent) Information Technology Professional Service Provider	
If Self Employed, Nature of Business*	Agriculture Real Estate Bullion /Gold Jewellery	Agriculture Real Estate Bullion /Gold Jewellery	
(tick the relevant option)	Stock Broker Trader Money Lender	Stock Broker Trader Money Lender	
	*No. of Years in Business 0 0	*No. of Years in Business 0 0	
	Description of Business	Description of Business	
	ocument of OVD or OVD obtained through digital KYC process no		
Passport No.*		74 A May 0 0	
Passport Expiry date* Voter ID Card No.*			
Driving License No.*			
Driving Expiry date*	A A A A A A A A A A A A A A A A A A A		
NREGA Job card)	
		<u> </u>	
National Population Register Letter			
National Population Register Letter Proof of possession of Aadhaar E-KYC Authentication			

Corporate Identification Number (CIN)	
Annual Income* (Only Absolute and numeric value to be filled)	Annual Income* (Only Absolute and numeric value to be filled)
For Non-Individual (In case Applicable)	Hindu Undivided Family Partnership Firm Sole Proprietorship Hindu Undivided Family Partnership Firm Sole Proprietorship
Constitution (tick the relevant option)	Private Ltd Companies Public Ltd Companies Trust Private Ltd Companies Public Ltd Companies Trust
	Limited Liability Partnership Other Financial Institutions Limited Liability Partnership Other Financial Institutions
Occupation/Nature Of Business*	Manufacturing Service Provider Stock broker Real estate Manufacturing Service Provider Stock broker Real estate
(tick the relevant option)	Trading (Retail/Wholesale Transport Education Bullion Trading (Retail/Wholesale Transport Education Bullion
Description of Business (As per the Nature of Business selected above, mention the details of Business example:	
Tour Operators/Trading of food products)	
Annual Turnover*(Only Absolute and numeric value to be filled)	
No. of Years in Business:	
Source of Fund (tick the relevant Option)	Business Income Equity Investment Donation Grant Business Income Equity Investment Donation Grant
	From Group Company Customer Signature with stamp From Group Company Customer Signature with stamp
Source of wealth*:	Inherited Funds Property Investment NIL Inherited Funds Property Investment NIL Others (pl. specify) Others (pl. specify)
(For individual applicant/ co applicant who is a PEP)	Wealth (In absolute Fig): Wealth (In absolute Fig):
E-mail Address*	
Date of Incorporation*:	(Please mention the year since applicant is
Date of incorporation :	in the activity in case of individuals) in the activity in case of individuals)
Place Of Incorporation*:	
Country of Incorporation*:	
Proof of Identity	Officially valid document(s) in respect of person authorized to transact Officially valid document(s) in respect of person authorized to transact
	Certificate of Incorpotation/Formation
	Registration certificate Registration certificate Registration certificate Memorandum and Articles of Association
	Trust Deed Resolution of Board / Managing Committee Trust Deed Resolution of Board / Managing Committee
	Power of attorney granted to its manager, officers or employees Power of attorney granted to its manager, officers or employees
	to transact on its behalf to transact on its behalf
	Activity Proof - 1 (For Sole Proprietorship Only) Activity Proof - 1 (For Sole Proprietorship Only) Activity Proof - 2 (For Sole Proprietorship Only)
	Activity Proof - 2 (For Sole Proprietorship Only) Partnership deed Activity Proof - 2 (For Sole Proprietorship Only) Partnership deed
Related Person Type	Number of related persons Number of related persons
•	Promoter Proprietor Partner Director Karta Promoter Proprietor Partner Director Karta
	Trustee Court Appointment Official Repeticial Owner Trustee Court Appointment Official Repeticial Owner
	Trustee Court Appointment Official Beneficial Owner Trustee Court Appointment Official Beneficial Owner Personal Guarantor Beneficiary Authorized Signatory
	Personal Guarantor Beneficiary Authorized Signatory
Deleted assess News	
Related person Name	Personal Guarantor Beneficiary Authorized Signatory
Related person Name Phone Details (STD Code - Tel. Res.)	Personal Guarantor Beneficiary Authorized Signatory
	Personal Guarantor Beneficiary Authorized Signatory
Phone Details (STD Code - Tel. Res.) Mobile Number* Corpotate Office Address / Residence Address	Personal Guarantor Beneficiary Authorized Signatory
Phone Details (STD Code - Tel. Res.) Mobile Number*	Personal Guarantor Beneficiary Authorized Signatory
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Phone Details (STD Code - Tel. Res.) Mobile Number* Corpotate Office Address / Residence Address	Personal Guarantor Beneficiary Authorized Signatory Personal Guarantor Beneficiary Authorized Signatory Power of Attorney Holder Other (Please Specify) Power of Attorney Holder Other (Please Specify) Power of Attorney Holder Other (Please Sp
Phone Details (STD Code - Tel. Res.) Mobile Number* Corpotate Office Address / Residence Address (Present Address) / Principle Address*	Personal Guarantor Beneficiary Authorized Signatory Personal Guarantor Beneficiary Authorized Signatory Power of Attorney Holder Other (Please Specify) Power of Attorney Holder Other (Please Specify) Power of Attorney Holder Other (Please Sp
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Phone Details (STD Code - Tel. Res.) Mobile Number* Corpotate Office Address / Residence Address (Present Address) / Principle Address* Mailing Address Nearest Landmark (Present address)	Personal Guarantor Beneficiary Authorized Signatory Power of Attorney Holder Other (Please Specify)
Phone Details (STD Code - Tel. Res.) Mobile Number* Corpotate Office Address / Residence Address (Present Address) / Principle Address* Mailing Address	Personal Guarantor Beneficiary Authorized Signatory Power of Attorney Holder Other (Please Specify) Power of Attorney Holder Other (Please Specify) Plant Beneficiary Authorized Signatory Power of Attorney Holder Other (Please Specify) Power of Attorney Holder Other (Please Specify) Plant Beneficiary Authorized Signatory Power of Attorney Holder Other (Please Specify) Plant Beneficiary Authorized Signatory Power of Attorney Holder Other (Please Specify) Plant Beneficiary Authorized Signatory Power of Attorney Holder Other (Please Specify) Plant Beneficiary Authorized Signatory Power of Attorney Holder Other (Please Specify) Plant Beneficiary Authorized Signatory Power of Attorney Holder Other (Please Specify) Plant Beneficiary Authorized Signatory Power of Attorney Holder Other (Please Specify) Plant Beneficiary Authorized Signatory Power of Attorney Holder Other (Please Specify)
Phone Details (STD Code - Tel. Res.) Mobile Number* Corpotate Office Address / Residence Address (Present Address) / Principle Address* Mailing Address Nearest Landmark (Present address) Proof Of Adderss	Personal Guarantor Beneficiary Authorized Signatory Power of Attorney Holder Other (Please Specify) Pin* City* Pin* City* Districts State Country* Certificate of incorporation / formation Registration certificate other document (pls specify) Other document (pls specify) Certificate of incorporation / formation Registration certificate other document (pls specify)
Phone Details (STD Code - Tel. Res.) Mobile Number* Corpotate Office Address / Residence Address (Present Address) / Principle Address* Mailing Address Nearest Landmark (Present address)	Personal Guarantor Beneficiary Authorized Signatory Power of Attorney Holder Other (Please Specify) Pin* City* Pin* City* Districts State Country* Certificate of incorporation / formation Registration certificate other document (pls specify) Other document (pls specify) Certificate of incorporation / formation Registration certificate other document (pls specify)
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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 Country Name If applicant resident for tax purposes in Jur Tax Identification Number or equivalent (If Country of Birth If address in jurisdiction where application		y Code
Address in Jurisdiction	City / Town /	
State	Country: ZIP/Pos	
Please tick (✓) as applicable	Co-Applicant / Guarantor 2 / BO	Co-Applicant / Guarantor 3 / BO
Are you an existing customer. If yes,	TY N TOTAL	Y N
please provide Customer ID		
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	Resident Non-Resident Foreign National Person of Indian Origin	Resident Non-Resident Foreign National Person of Indian Origin
PAN Card*	Foleign National Person of Indian Origin	Person of Indian Origin
Do you have a relationship with any*		
	Y N	Y N
politically exposed person/s?		
UID Aadhar No.*		
UID Aadhar No.*	DDMMYYYY Male Female Trans Gender	DDMMYYYY Male Female Trans Gender
UID Aadhar No.* DIN NO.*	D D M M Y Y Y Y Male Female Trans Gender	DDMMYYYY Male Female Trans Gender
UID Aadhar No.* DIN NO.* Date of Birth (DD/MM/YYYY)*and Gender	DDMMYYYY Male Female Trans Gender	DDMMYYYY Male Female Trans Gender
UID Aadhar No.* DIN NO.* Date of Birth (DD/MM/YYYY)*and Gender CKYC Number	D D M M Y Y Y Y Male Female Trans Gender SC ST OBC General	D D M M V V V V Male Female Trans Gender SC ST OBC General
UID Aadhar No.* DIN NO.* Date of Birth (DD/MM/YYYY)*and Gender CKYC Number Nationality and Community		
UID Aadhar No.* DIN NO.* Date of Birth (DD/MM/YYYY)*and Gender CKYC Number Nationality and Community Category	SC ST OBC General Hindu Muslim Christian Sikh Jain	SC ST OBC General Hindu Muslim Christian Sikh Jain
UID Aadhar No.* DIN NO.* Date of Birth (DD/MM/YYYY)*and Gender CKYC Number Nationality and Community Category Religion	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others
UID Aadhar No.* DIN NO.* Date of Birth (DD/MM/YYYYY)*and Gender CKYC Number Nationality and Community Category Religion Person with disability	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others Yes No	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others Yes No
UID Aadhar No.* DIN NO.* Date of Birth (DD/MM/YYYYY)*and Gender CKYC Number Nationality and Community Category Religion Person with disability Marital Status and Number of Dependant	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others Yes No	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others Yes No
UID Aadhar No.* DIN NO.* Date of Birth (DD/MM/YYYY)*and Gender CKYC Number Nationality and Community Category Religion Person with disability Marital Status and Number of Dependant Father / Spouse's Name	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others Yes No	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others Yes No
UID Aadhar No.* DIN NO.* Date of Birth (DD/MM/YYYY)*and Gender CKYC Number Nationality and Community Category Religion Person with disability Marital Status and Number of Dependant Father / Spouse's Name E-mail Address*	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others Yes No	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others Yes No
UID Aadhar No.* DIN NO.* Date of Birth (DD/MM/YYYY)*and Gender CKYC Number Nationality and Community Category Religion Person with disability Marital Status and Number of Dependant Father / Spouse's Name E-mail Address* Phone Details (STD Code - Tel. Res.)	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others Yes No Married Single Other No. of Dependents Salaried Investment Professional Fees	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others Yes No Married Single Other No. of Dependents Salaried Investment Professional Fees
UID Aadhar No.* DIN NO.* Date of Birth (DD/MM/YYYYY)*and Gender CKYC Number Nationality and Community Category Religion Person with disability Marital Status and Number of Dependant Father / Spouse's Name E-mail Address* Phone Details (STD Code - Tel. Res.) Mobile Number*	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others Yes No Married Single Other No. of Dependents Salaried Investment Professional Fees Business Earnings Commission Agriculture	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others Yes No Married Single Other No. of Dependents Salaried Investment Professional Fees Business Earnings Commission Agriculture
UID Aadhar No.* DIN NO.* Date of Birth (DD/MM/YYYY)*and Gender CKYC Number Nationality and Community Category Religion Person with disability Marital Status and Number of Dependant Father / Spouse's Name E-mail Address* Phone Details (STD Code - Tel. Res.) Mobile Number* Source of Fund*	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others Yes No Married Single Other No. of Dependents Salaried Investment Professional Fees	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others Yes No Married Single Other No. of Dependents Salaried Investment Professional Fees
UID Aadhar No.* DIN NO.* Date of Birth (DD/MM/YYYY)*and Gender CKYC Number Nationality and Community Category Religion Person with disability Marital Status and Number of Dependant Father / Spouse's Name E-mail Address* Phone Details (STD Code - Tel. Res.) Mobile Number* Source of Fund* Education	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others Yes No Married Single Other No. of Dependents Salaried Investment Professional Fees Business Earnings Commission Agriculture Matriculate Undergraduate Graduate	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others Yes No Married Single Other No. of Dependents Salaried Investment Professional Fees Business Earnings Commission Agriculture Matriculate Undergraduate Graduate
UID Aadhar No.* DIN NO.* Date of Birth (DD/MM/YYYY)*and Gender CKYC Number Nationality and Community Category Religion Person with disability Marital Status and Number of Dependant Father / Spouse's Name E-mail Address* Phone Details (STD Code - Tel. Res.) Mobile Number* Source of Fund*	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others Yes No Married Single Other No. of Dependents Salaried Investment Professional Fees Business Earnings Commission Agriculture Matriculate Undergraduate Graduate Postgraduate Professional Others	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others Yes No Married Single Other No. of Dependents Salaried Investment Professional Fees Business Earnings Commission Agriculture Matriculate Undergraduate Graduate Postgraduate Professional Others
UID Aadhar No.* DIN NO.* Date of Birth (DD/MM/YYYY)*and Gender CKYC Number Nationality and Community Category Religion Person with disability Marital Status and Number of Dependant Father / Spouse's Name E-mail Address* Phone Details (STD Code - Tel. Res.) Mobile Number* Source of Fund* Education	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others Yes No Married Single Other No. of Dependents Salaried Investment Professional Fees Business Earnings Commission Agriculture Matriculate Undergraduate Graduate Postgraduate Professional Others Salaried Self Employed Unemployed Retired Housewife Student	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others Yes No Married Single Other No. of Dependents Salaried Investment Professional Fees Business Earnings Commission Agriculture Matriculate Undergraduate Graduate Postgraduate Professional Others Salaried Self Employed Unemployed Retired Housewife Student
UID Aadhar No.* DIN NO.* Date of Birth (DD/MM/YYYY)*and Gender CKYC Number Nationality and Community Category Religion Person with disability Marital Status and Number of Dependant Father / Spouse's Name E-mail Address* Phone Details (STD Code - Tel. Res.) Mobile Number* Source of Fund* Education	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others Yes No Married Single Other No. of Dependents Salaried Investment Professional Fees Business Earnings Commission Agriculture Matriculate Undergraduate Graduate Postgraduate Professional Others Salaried Self Employed Unemployed Retired Housewife Student Self Employed Politician	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others Yes No Married Single Other No. of Dependents Salaried Investment Professional Fees Business Earnings Commission Agriculture Matriculate Undergraduate Graduate Postgraduate Professional Others Salaried Self Employed Unemployed Retired Housewife Student Self Employed Politician
UID Aadhar No.* DIN NO.* Date of Birth (DD/MM/YYYY)*and Gender CKYC Number Nationality and Community Category Religion Person with disability Marital Status and Number of Dependant Father / Spouse's Name E-mail Address* Phone Details (STD Code - Tel. Res.) Mobile Number* Source of Fund* Education Occupation Type*	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others Yes No Married Single Other No. of Dependents Salaried Investment Professional Fees Business Earnings Commission Agriculture Matriculate Undergraduate Graduate Postgraduate Professional Others Salaried Self Employed Unemployed Retired Housewife Student Self Employed Politician Pvt Ltd Public Ltd Proprietorship	SC ST OBC General Hindu Muslim Christian Sikh Jain Buddhist Parsi Others Yes No Married Single Other No. of Dependents Salaried Investment Professional Fees Business Earnings Commission Agriculture Matriculate Undergraduate Graduate Postgraduate Professional Others Salaried Self Employed Unemployed Retired Housewife Student Self Employed Politician Pvt Ltd Public Ltd Proprietorship
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If Self Employed, Nature of Business*	Information Technology	Professional Service Provider	Information Technology	Professional Service Provider	
	Agriculture Real Estate	Bullion /Gold Jewellery	Agriculture Real Estate	Bullion /Gold Jewellery	
(tick the relevant option)	Stock Broker Trader	Money Lender	Stock Broker Trader	Money Lender	
	*No. of Years in Business		*No. of Years in Business 0 0		
	Description of Business	of Business example: Tour Operators/Trading of food products)	Description of Business		
1. Certified copy of OVD or Equivalent e-d	ocument of OVD or OVD obtained	d through digital KYC process n	eeds to be submitted (anyone of	the following OVDs)	
Passport No.*					
Passport Expiry date*	D D M M Y Y Y Y		DDMMYYYY		
Voter ID Card No.*					
Driving License No.*					
Driving Expiry date*	D D M M Y Y Y		D D M M Y Y Y Y		
NREGA Job card					
National Population Register Letter					
Proof of possession of Aadhaar					
E-KYC Authentication					
Offline verification of Aadhaar					
Corporate Identification Number (CIN)					
Annual Income* (Only Absolute and numeric value to be filled)			*Annual Income (Only Absolute and numeric value to be filled)		
w	Inherited Funds Property	Investment NIL	☐ Inherited Funds ☐ Proper	ty Investment NIL	
Source of wealth*: (For individual applicant/co applicant who is a PEP)	Others (pl. specify)	_	Others (pl. specify)		
	Wealth (In absolute Fig):		Wealth (In absolute Fig):		
	wealth (in absolute Fig).		vveaitii (iii absolute rig)		
For Non-Individual (In case Applicable)	Hindu Undivided Family Sole	Proprietorship Partnership Firm	Hindu Undivided Family S	ole Proprietorship Partnership Firm	
Constitution (tick the relevant option)	Private Ltd Companies Public Lt	d Companies Trust	Private Ltd Companies Publi	c Ltd Companies Trust	
	I i - it - d (i - b iii - D - b b i -		Limited Highlife Destroyable		
	Limited Liability Partnership	Other Financial Institutions	Limited Liability Partnership	Other Financial Institutions	
Occupation/Nature Of Business	Manufacturing Service Provide	er Stock broker Real estate	Manufacturing Service Pro	vider Stock broker Real estate	
(tick the relevant option)	Trading (Retail/Wholesale Tran	nsport Education Bullion	Trading (Retail/Wholesale	Transport Education Bullion	
Description of Business (As per the Nature of Business selected above, mention the details of Business example: Tour Operators/Trading of food products)					
Annual Turnover*(Only Absolute and numeric value to be filled)					
No. of Years in Business:		at Nationald			
Source of Fund *(tick the relevant Option)		0 0 1 1 10 10 10 10 10		N FOR SA FEMALES DOES NO.	
Source of Faria (text the relevant option)	Business Income Equity Inve	estment Donation Grant	Business Income Equity	Investment Donation Grant	
	From Group Company Custom	er Signature with stamp	From Group Company Cus	stomer Signature with stamp	
Date of Incorporation :		lease mention the year since applicant is the activity in case of individuals)	D D M M Y Y Y	(Please mention the year since applicant is in the activity in case of individuals)	
Place Of Incorporation*:					
Country of Incorporation*:					
	Officially valid document(s) in res	pect of person authorized to transact	Officially valid document(s) in	respect of person authorized to transact	
	Certificate of Incorpotation/Fo	ormation	Certificate of Incorpotation	/Formation	
Proof of Identity		ormation	Certificate of incorpotation	/Formation	
	Registration certificate	24(2)	Registration certificate		
	Memorandum and Articles of	Association	Memorandum and Articles	of Association	
	Trust Deed Resolution	of Board / Managing Committee	Trust Deed Resolution	on of Board / Managing Committee	
				22 S	
	to transact on its behalf	ts manager, officers or employees	to transact on its behalf	to its manager, officers or employees	
	Activity Proof - 1 (For Sole Pro	oprietorship Only)	Activity Proof - 1 (For Sole	Proprietorship Only)	
		101.52	- The second control of the second control o	Antonio Sentino della constanti di Constanti	
	Activity Proof - 2 (For Sole Pro	oprietorship Only)	Activity Proof - 2 (For Sole	Proprietorship Only)	
	Partnership deed		Partnership deed		
Related Person Type	Number of related persons Promoter Proprietor P		Number of related pers	539252	
		and the second of the second o			
	Trustee Court Appointmen			nent Offcial Beneficial Owner	
	Personal Guarantor Benefic	ciary Authorized Signatory	Personal Guarantor Ben	eficiary Authorized Signatory	
	Power of Attorney Holder	Other (Please Specify)	Power of Attorney Holder	Other (Please Specify)	
Related person Name	RAEFLE F A R S T	M 0 0 1 1 1 1 A 3 T	F4 C4 (X) F (A) F (T)	M 1 0 D 1 F 1 A 1 T	
Phone Details (STD Code - Tel. Res.)					
Corpotate Office Address / Residence Address					
(Present Address) / Principle Address*					
_	PIN* City*		PIN*	City*	
Mailing Address	Districts		Districts		
	State CCCC	nuntry # COCO	State	Country*	

Nearest Landmark (Present address)				
No. of Months in the current residence	Years Months	Years Months		
No. of Months in the city	Years Months	Years Months		
Registered Office Address / Residence Address (Permanant Address) / Principle Assress* Mailing Address	PIN* City* Districts State Country*	PIN* City* Districts State Country*		
Nearest Landmark				
GSTIN DETAILS* Whether registered under GST (If yes, following details are mandatory) GST Registration *GST Annexure for multiple GST Registration	Yes No GST Exemption Yes No Exemption Reason (if yes) Exemption Valid till (if yes) MMYYYY Single *Multiple Special Economic Zone YN Special economic zone code (if Y)	Yes No GST Exemption Yes No Exemption Reason (if yes) Exemption Valid till (if yes) Single *Multiple Special Economic Zone Special economic zone code (if Y)		
GSTIN (Default)				
GSTIN Registration Date	DDMMYYYY	DDMMYYYY		
Address registered for GSTIN	Same as present address Same as permanent address Others (use GST annexure)	Same as present address Same as permanent address Same as office address Others (use GST annexure)		
	Additional details required for NRI Applicant	t		
Country Name	Countr	y Code		
If applicant resident for tax purposes in Ju	risdiction outside India Yes No Jurisdiction of resi	idence:		
Tax Identification Number or equivalent (If	issued by jurisdiction)			
Country of Birth	City/Place of	of Birth		
If address in jurisdiction where application	is resident is same as Current/ Permanent/ Overseas or Corresponde	ence/ Local address details Yes No		
Address in Jurisdiction City / Town / Village				
State Country: ZIP/Post Code				
	C. Financial Details of The Applicant (To be filled by th	ne Applicant)		
For Salariad (Monthly in Runges)				
For Salaried (Monthly in Rupees) Gross sal. Net sal. Other inc. Total: For Self Employed: (Annually in Rupees): Gross sal. Net sal. Other inc. Total:				
Investment Details: Shares: Life Insurance: Term Deposits	Mutual funds Debt fund Others	Bonds Bonds		
Total Investment				
	ease ensure that all mandatory fields have been filled correctly else t ties availed from other Bank/Financial institutions	the form is liable to be rejected		
Sr.	Name of the Bank / Financial Institution	Sanction limit (in ₹)		
1.				
2.				
3.				
4.				
	D. Purpose of Loan			
Domestic Purpose Acquisit	ion of Property Purchase of Equipment Workin	ng Capital Renovation of current business premises		
Education Home R	enovation Marriage Person	Business Other		

	E. Existing Banking	g Relationship		
Account with other Banks: Bank		Branch Add	ress	
Acco	unt Type	Account Nu	mber	
Credit Facilities: We declare that w	ve do not enjoy credit facilities with any bank	We declare that we enjoy	following credit facilities with ot	ther bank (s) :
Brance was as at was supposed from the street	Details of Borrov	val Accounts:		
I. Working Capital Facilities Currently Enjoy	ed: (From the entire banking system)		As on	(₹ In Lakhs)
Bank & Branch (Enclose Copy of Sanction Lette		nd Based Limits	O/S To	otal Limits
II. Term Loan and other borrowings				
Bank & Branch	(Enclose Copy of Sanction Letters)	oan Amt	Current Oustanding (in ₹ Lak	khs)
Purpose Mont	thly Instalments	Rate of Interes	Tenure of Loan	Balance Months
III. Facilities Enjoyed with Axis Bank: Facility Security Curr	(Enclose Copy of Sancti	on Letters) Loan Rate of Interest	DP (in ₹ laki	
	Details of Suits filed, If any, b	py / against the applicant		
Date of Suit	Type of Suit		Court in which suit has been fi	iled
Amount (₹ in Lacs)	Financing agency		Position of suit in brief	
			*	
	F. Reference Details (One reference has	to be a non - relative / non - colle	ague)	ļ.
	Reference I		Reference II	
Name				
Relationship with Applicant/Co-Applicant				
Address	PIN City	PIN	City	
Mailing Address Mobile No./Telephone	State Country Country	State	Count	ry
E-mail ID		LL 	<u> </u>	
E-IIIali IU		التاليا إلىاليالياليال	التاليالياليالياليالياليال	

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 | 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

I expressly consent Bank to share and disclose the Information to service providers, consultants, credit information companies, information utilities, other banks and financial institutions, affiliates, group companies, subsidiaries, regulators, investigating agencies, judicial, quasi-judicial and statutory authorities, 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, I undertake to process information including by way of storing, structuring, organizing, reproducing, copying, using, etc. as may be deemed fit by the Bank and for the purposes of credit appraisal, fraud detection, anti-money laundering obligations, for entering into contract, for developing credit scoring models and business strategies, for monitoring. for evaluating and improving the quality of services and products, or for any purposes as the Bank may deem fit.

		Consen	ıt			
01000-0100-010	y to provide your consent, please tick the ap			sonal data for t	the purposes of	f:
	ing and carry out sourcing activities through		(56) Notes and the second and the second		[
 Developi 	ing, marketing, for cross selling and commun	icating their products and servi	ices to me;		I	
	llytics on my personal data to understand us		5 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	4	8	
	ng data as the Bank's Cookie Policy over Axis Bank and/or its affiliates/subsidiaries/ to ser	and the state of t		De norme de Barganera di Maria com Più	***DESERT \$74.73 13.	
• Email	Y N					
 SMS text 						
 Telephon 	e Y N			Signal Signal	ture of Primary	Applicant
	form to be updated to include privacy notice is bank privacy notice :-	ink.				
"Where can you You can find out	find more information about our processing of more about how we process your personal divailable online at https://www.axisbank.com/	ata, including the types of perso	nal data we process and who we share i	t with, by readin	ng our Custome	r
Applicant	Signature	Co-Applicant Signature	e	Co-Applicant	Signature	E:
	H Deta	ails of the Securities to be Pledge	od (to be filled by the Applicant)			
Lean (Overdre)	eri er kantro er est at som set		sect asset as	, the Deals wh	ana Damat aa	مامط ما فسيمم
	ft against shares is the demat account he	aid with Axis Bank?	If no, please specif	y the Bank wh	iere Demat ac	count is neid
Demate A/c N						
Details of the sec	curity sought to be pledged:			-	1 /0	
Sr.	Particulars of the Security	Identification / Folio no. Demat Account No. of the Se		Fa	of the Secu	
1						
2						
3						
4						
5						
*Please specify the so Mode of paymer of processing fee		mount of processing fees				
Cheque Number	Da	ated D D M M Y Y	Y Drawn on Bank and Branch			
Mode of operation		Sundyar As authorised by	Board Resolution Others (Specify if at			
the overdraft acc	count Self Jointly Anyone/	(In case of companies		ners)		
	I. Specific customer disclosure	in respective of relationship wit	th Director/Senior Officer of the Bank/a	ny other Bank		
L/Mo am/ara di			ector/Senior Officer of the Bank/a			
	irector(s) of Axis Bank Limited and also a direct estantial interest of the borrower or its subsidi		anaging agent (s), employee (s), or guara	ntor(s) or	Yes	☐ No
			5 WWW 15 M 5 W 5	8	8=-71	
	irector(s) of any other bank or the subsidiaries also a director(s) / partner(s), manager(s), mana				Yes	☐ No
also a director(s	ne relative(s) of the director(s) of Axis Bank Lir s) / partner(s) or guarantor(s) or major shareho idiary company of the borrower.	[1] 그리아 시에 보면 이 집에 보면 하는데 되었다. 왕이 그렇게 된 사람들이 없는데 되었다.	사람들은 이 사람들은 이 보고 있었다. 이 사람들은 사람들은 경기를 받는 것이 없는 것이 없는 것이 없는 것이다.		Yes	☐ No
	enior official(s) of the Bank or relative of the so director(s) / partner(s), or guarantor(s) or hold		에게 하는 것이 가는 해가 있었다. 하는 가는 가는 사람들이 되었다면 하는 것이 없는 것이 없는 것이 없다면 하는 것이다.	ne to	Yes	□ No
borrower shall	ove clause is applicable, then please furnis inform the bank immediately. In case of n 20 of the BR Act, at any time during the c	non-compliance with the unc	dertaking or giving wrong undertaking	ng in relation t		773.5
	p-applicant(s) declare(s) that the Applicant/Co-a			2000000000	er Banks as spec	cified hereto.
Sr. No.	Name of Director(s)/Senior O	fficer(s)	Designation		Relationship	
1		- (A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(340			
2						
3						
15405						

7

Signature of the co-applicant Guarantor - 2

Signature of the co-applicant Guarantor - 3

Signature of the co-applicant Guarantor - 1

J. Loan Required Details		
	ate of Interest %	
K. Co- Applicant / Guarantor Details		
Whether any Co-Applicant Yes No If Yes, No. of Co-Applicant		
Is there any Guarantor Yes No If Yes, No. of Guarantor		
L. Channel Facilities		
1. Axis Bank Internet Banking Required Yes No 2. Cheque Book Req	uired Yes No	
Signature of the applicant	re of the Guarantor - 2	Signature of the pplicant Guarantor - 3
M. Customer Declarataion		
I/We declare that the particulars and information given in the application form are true, correct, complete and up to in all respects and I/we have not withheld any information. I undertake to inform you of any changes therein, immedi In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are a that I/we may be held liable for it. I/We confirm that I/We have no insolvency proceeding initiated against me/us not I/We ever been adjudicated insolvent. I/We have read the application form and am/are aware of all terms and cond of availing finance from Axis Bank. I/We authorize Axis Bank to make references and inquiries relative to informat this application which the bank considers necessary. I/We authorize the bank to exchange, part/share with all inform relating to my/our loan details and repayment history to other banks/financial institutions etc as may be required and not hold the bank liable for use of this information. I/We undertake to inform the bank regarding change residence/employment and to provide any further information that the bank may require. I/We agree that my/ou shall be governed by the rules of the Bank which may be in force from time to time. I/We understand that the Bank has right to reject my/our application without providing any reason thereof. The Borrower and Guarantor(s) shall be deemed to have given their express consent to the Bank to disclose	ately. ware have itions ion in ation Applicant Photgoraph I hall I my I loan sthe	Co-Applicant / Guarantor - 1 Photograph
information and data furnished by them to the Bank and also those regarding the credit facility/ies enjoyed between conduct of accounts and guarantee obligations undertaken by guarantor to the Credit Information Comp (CIC's) or RBI or any other agencies specified by RBI who are authorised to seek and publish information. borrower(s)/guarantor(s) further agree(s) that they shall execute such additional documents as may be necessary for purpose. I/We confirm that I/We have received a copy of the "Code of Bank's commitment to Customers". I/We been explained the content of the same and also understand that it is available online at the Bank's we	y the anies The Applicant Signature Applicant Signature	Co-Applicant/Guarantor-1
"Axis Bank Ltd. reserves the right to retain the photographs and documents submitted with this application and w return the same to the applicant" I/We authorize Axis Bank to verify and authenticate my/our Aadhaar number during processing my/our applicative legitimate Business purposes. I/we authorize Axis Bank to Verify/Authenticate my/our KYC OVDs/Aadhaar number/loan documents of processing my/our loan application through third party agencies via digitally/physically for legitimate business purposes. I/We undertake to inform the Bank in case of any update in the information provided or documents submitted by me/us for the grant of facility/Loan by the Bank at the time of establishment of business relationship / account-based relationship and thereafter, as necessary; I/we shall submit to the Bank the update of such information/documents. I/We agree to do the aforementioned within 30 days of the update to any such information/documents for the purpose of updating the records at the Banks' end.	on for Co-Applicant / Guarantor - 2 Photograph	Co-Applicant / Guarantor - 3 Photograph
 I/We further authorise the Bank to share my Aadhaar related details/information with regulatory / statutory bod and when required. My personal / KYC details may be shared with Central KYC Registry I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above regis number/email address" 	Co-Applicant/Guarantor-2 Signature	Co-Applicant/Guarantor-3 Signature
I/We also confirm that I have been explained the following Axis Bank will convey its decision within 30 working days from the date of receipt of the application provided application is complete in all respects and is submitted along with all the documents as per 'check list' provided application for loan and/or any additional documents as may be required by the bank for proper appraisal of application. The computation of 30 days shall starts from the day on which all documents required for a pappraisal of the application are provided by the Customer to bank. 	in the Applicant Signature	
 The bank may at its sole discretion sanction or decline the application. The bank shall convey, the reasons, which opinion after due consideration, have led to rejection of the application. The bank will decide and assign the loan limit and no commitment has been given to me/us for the same. The DSA / DST has not collected any commission / brokerage or any other fee by way of cash or cheque other the cheque no		
N. Sourcing Details (For Official use only)		
ASC Name DSA ASSL Cross - Sell Branch Direct Others Connector	ASSLC	
AXIS Bank Relationship Manager CRM Lead ID	ASSLEC	
Signati	are of	Signature of
Relationshi 8	WEST CONTROL OF THE PROPERTY O	Sourcing Agent

Legal Entity Identitier Declaration (Applicable For Non Indiciduals Only) Name of borrower: I/we confirm that the total banking exposure of our firm/company after availing the proposed loan / credit facility is above Rs. 10 Crore. 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.: (DDMMYYYY) 3) LEI Issuance Date .: 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 between Rs.5 Crore. To Rs.10 Crore. We will endeavour to obtain for the LEI at the earliest and agree to provide the LEI details to Axis Bank once we obtain the same. 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 beyond Rs. 5 Crore during the tenure of the loan/credit facility, we will endeavour to obtain the LEI at the earliest and agree to provide the LEI details to Axis Bank once we obtain the same. I/we declare that the particulars and information given above are true, correct and up to date in all aspects. Signature O. For Bank Use Only Documents Received: Self-Certified True Copies True Copies Notary Digitally Verified KYC OVD: 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 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

FATCA- CRS DECLARATION

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

City of Birth* Address Type f	or Tax Purposes*	[] Resident	Country of usiness [] Registered o	000	
	Tax	Identification Type	Address for Tax Purpose*		
Country#	Identification Number %	(TIN or Other, please specify)%	Communication Address	Permanent Address	Please note the address below
-			Landmark	-	
			PIN[][][][][] State	Country	
FATCA-CRS Ce	rtification: I have	understood the inform	nation requirements of this form		kindly provide functional equivalen instructions and Terms & Conditions of 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 2000/- whichever is higher plus GST		
2 Penal Charges	Financial Default 8% p.a. above applicable interest rate on the overdue amount (subject to the aggregate not exceeding Rs. 1,00,000/- per instance)		
3 ATM Issuance Charges	plus GST as applicable		
4 ATM Annual Maintainance Charges	plus GST as applicable		
5 Repayment Instruction/Instrument Return charges	plus GST as applicable per instance		
6 Cash Deposit Charges (Home Branch)	plus GST as applicable		
7 Cash Deposit Charges (Non Home Branch)	plus GST as applicable		
8 Cash Withdrawal Charges (Home Branch)	Free		
9 Cash Withdrawal Charges (Non Home Branch)	plus GST as applicable		
10 NEFT	As applicable		
11 RTGS	As applicable		
12 IMPS	As applicable		
13 Account Statement - By post and e-mail	Free		
14 Account Statement - Duplicate statement from Branch	per statement plus GST as applicable		
15 DP Charges / Pledge Charges	As applicable (will vary across various DP/Fund House) plus GST as applicable		
16 Renewal Charges	plus GST as applicable		
17 Prepayment Charges/ Foreclosure Charges	NA NA		
18 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.axisbank.com
- 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.
- $\bullet \ \hbox{`Financial Default includes all types of payment or financial defaults/irregularities with respect to your Loan Account. }$





Signature of Bank Official

Acknowledgment For R	eceipt Of Application Form	
Date D D M M Y Y Y		Serial Number
То,		
Axis Bank will convey its decision within 30 working days from the date of receipt of the all the documents as per 'check list' provided in the application for loan and/or any addit computation of 30 days shall starts from the day on which all documents required for a pure start of the day on which all documents required for a pure start of the day on which all documents required for a pure start of the day on which all documents required for a pure start of the day on which all documents required for a pure start of the day of the d	ional documents as may be required by the	bank for proper appraisal of the application. The
For any queries / clarifications, please contact landline number	Sales Executive	
Sales Manager	E-mail ID	
DSA —		
Nomination ac	knowledgement	
. We acknowledge receipt of nomination made by you in favour of:		
Name of nominee	Age:	year with respect to your application
No		
	lder.	

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. Hassale-free formalities for the nominee while claiming benefits

