### THE SARASWAT CO-OPERATIVE BANK LTD. (A SCHEDULED BANK)



Photograph of the Applicant   Propose :				Brancl	า
Photograph of the Applicant    Photograph of the Applicant    Proposed repayment:		LOAI	N APPLICATION FORM FOR RETAIL LOANS		
of the Applicant			Customer No.:		
Applicant			Date : A/c No		
Proposed repayment:months			Purpose : Amount	applied :	
PLEASE COMPLETE ALL SECTIONS IN BLOCK LETTERS AND TICK   BOXES WHIEREVER APPLICABLE.	7.66	об аррисани	Proposed repayment :months Total Co	st:	
Mr/Ms/Mrs Surname First name Middle name Use only Mr/Ms/Mrs Surname First name Middle name Use only Mr/Ms/Mrs Surname First name Middle name Particulars about the First Applicant 2. Residential Address: (Attach proof of address)  Residential Address: (Attach proof of address)  Residence: Ownership non-mortgaged Ownership mortgaged Rental In the name of 3. Date of Birth: Age: Yrs  4. Qualification: Professional Graduate Under Graduate SSC or below Specify 5. Activity / Occupation: Service Business Profession No. of years in service in the present organisation / profession / business: yrs Age of retirement in case of service: yrs. Residual service period yrs  6. A. Service: 1. Type of Employer: a. MNCs/PSUS b. Public Ltd. Co. c. Private Ltd. Co. d. Govt./Semi Govt. e. Others please specify: 2. Designation in Organisation: a. Executive b. Supervisor c. Clerical/Worker d. Others please specify: 2. Designation in Organisation or c. Clerical/Worker d. Others please specify: 2. Office premises a. Owned b. Rental frental, how many years at the present location yrs  Office Address  Office Address  Pin Code Middle name					
Mr/Ms/Mrs Surname First name Middle name Use only Mr/Ms/Mrs Surname First name Middle name Use only Mr/Ms/Mrs Surname First name Middle name Particulars about the First Applicant 2. Residential Address: (Attach proof of address)  Residential Address: (Attach proof of address)  Residence: Ownership non-mortgaged Ownership mortgaged Rental In the name of 3. Date of Birth: Age: Yrs  4. Qualification: Professional Graduate Under Graduate SSC or below Specify 5. Activity / Occupation: Service Business Profession No. of years in service in the present organisation / profession / business: yrs Age of retirement in case of service: yrs. Residual service period yrs  6. A. Service: 1. Type of Employer: a. MNCs/PSUS b. Public Ltd. Co. c. Private Ltd. Co. d. Govt./Semi Govt. e. Others please specify: 2. Designation in Organisation: a. Executive b. Supervisor c. Clerical/Worker d. Others please specify: 2. Designation in Organisation or c. Clerical/Worker d. Others please specify: 2. Office premises a. Owned b. Rental frental, how many years at the present location yrs  Office Address  Office Address  Pin Code Middle name	1 Name of the	Applicant ·	(please leave a space after each part of pame) (Attach F	Photo ID Proof	F
Name of the Co-Applicant: [rerisonal betals in separate Form]  Mr/Ms/Ms/Ms Surname First name First name First name First name First name Middle name Particulars about the First Applicant Residential Address:  (Attach proof of address)  Residential Address:  Residence: Ownership non-mortgaged Ownership mortgaged Rental In the name of 3. Date of Birth: Age: Yrs  4. Qualification: Professional Graduate Under Graduate SSC or below Specify 5. Activity / Occupation: Service Business Profession No. of years in service in the present organisation / profession / business: yrs Age of retirement in case of service: yrs. Residual service period yrs 6. A. Service: 1. Type of Employer: a. MNCs/PSUs b. Public Ltd. Cogc. Private Ltd. Cogd. Govt./Semi Govt.  e. Others please specify: 2. Designation in Organisation: a. Executive b. Supervisor c. Clerical/Worker d. Others please specify: a. Proprietorship b. Partnership c. Others specify:  9. Office premises a. Owned b. Rental frental, how many years at the present location yrs 7. Name of the Employer / Office Ms.  Pin Code					Office
Particulars about the First Applicant  2. Residential Address:	Name of the	Co-Applicant : (P	ersonal Details in Separate Form)		only
2. Residential Address: (Attach proof of address)	Mr/Ms/Mrs	Surname 	First name Mido		
Res (Tel):	Particulars ab	out the First App	licant		
Res (Tel):	2. Residential Ad	ddress :	(Attach proof of address)		
Res (Tel):					
Res (Tel):					
Mobile:	Pos (Tol):				
Residence: Ownership non-mortgaged Ownership mortgaged Rental In the name of  3. Date of Birth:					
3. Date of Birth:	Residence : O	wnership non-m	ortgaged Ownership mortgaged Rental		
4. Qualification: Professional Graduate Under Graduate SSC or below Specify  5. Activity / Occupation: Service Business Profession No. of years in service in the present organisation / profession / business: yrs Age of retirement in case of service: yrs. Residual service period yrs  6. A. Service:  1. Type of Employer: a. MNCs/PSUs b. Public Ltd. Co. c. Private Ltd. Co. d. Govt./Semi Govt. e. Others please specify:  2. Designation in Organisation: a. Executive b. Supervisor c. Clerical/Worker d. Others please specify: B. Businessman / Professional / Self employed person: 1. Type of Entity: a. Proprietorship b. Partnership c. Others specify:  2. Office premises a. Owned b. Rental frental, how many years at the present location yrs  7. Name of the Employer / Office M/s Pin Code	In the name o	of			
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Office Address  LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL		Employer / Oπic	e 		
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			Pin Code	e LLLLL	
	Off(Tel)				

8. A	Income Details :				
		Last Year	Current Ye		
		Gross Amt (Rs.)	Gross Amt (Rs.)	Net Amt (Rs.)	
	Salary/Income of the Applicant Any other Income				
	Salary/Income if any, of the Spouse				
	Total Salary/Total Income per Annum				
	Total Salary/Total Income per Month				
	In case of Business/Profession PAN No. Please attach documentary evidence s In case of Businessmen / Professionals (a) Copies of IT Returns along with sta (b) Copies of Profit & Loss and Balance	such as latest salary certificats attach following documents tement of computation of inc	e/slip and Form No.16 in case o ary evidences:	f salaried persons.	
	Number of dependants in the (Excluding the Applicant)	e family : Child	ren Adults	Total	
10.	Details of Bank Accounts :				
	Name of the Bank	Name of the Branch	Type of A/c	Account Since	
	1.				
	2.				
	3.				
	4.				
	Details of Credit Card				
	1) Card No.			•	
	2) Card No.	Card	Limit Issu	•	
11.	a. Proposed EMI for Loan Ap b. Other Loan installments (E c. Total claims / Repayment o d. % of Total repayment (c a	excluding salary deductions (a) + (b)	_	Amount (Rs)	
12.	Details of Life Insurance Police	cies held by the Applic	cant :		
	No. Date of Police	y Amt of Policy	Premium Amt. Type of o	over Due Date	
	D D M M Y Y	<u> </u>			
13.	Details of shareholding of ou	ır Bank :			
	M.R.No.	No. of Shares	Shareholder s	ince	
14.	Previous record of Loan take	n from this Bank			
	Date   D   D   M   M   Y   Y   Y   Y   Y   Y   Y   Y	Branch Am	t of Loan Purpose	Record	
	Date   D   D   M   M   Y   Y   Y   Y	Branch Am	t of Loan Purpose	Record	
15.	Mode of Repayment propose	d:			
	a. *Salary Deduction	b. Through Salary	Saving A/c or Current A	/c of Business	
	c. PDCs/Any other Mode				
	*If No, reason for the same	e:			
	ii ray rousell for the sum				

Assets:		Rs. in thousands	Liabilities	: (Loans take	en)	Rs. in thousands
<b>Particulars</b>	Purchase Value	Approx. Market Value	Pa	rticulars	Purpose	Outstanding Amount
Ownership PropertyLand/Pl				swat Bank :		7
Flat/Bunglow			From Othe	r Banks :		
Vehicle			From Fls/N	IBFCs :		
Computer			From Empl	oyer :		
Other Assets (Specify)			From Cred			
			From Othe	ers Specify :		
nvestments			Indirect Lia	bility as a Suret	У	
Total Assets			Total Liab	ilities		
ivestments should includ ther such Instruments 7. Do you belong to Sch	edule Caste	/ Tribe Yes	_	_	and	Total Marks out of 100
<ul><li>8. Details of collateral, in</li><li>9. Name of Sureties offer</li></ul>	**		e after each	part of name	e)	Re
Mr/Ms/Mrs Surname		First r			•	le name
AAr/AAc/AArr S		F ,			A4* 1 !!	
Mr/Ms/Mrs Surname		First r 	name 	LLLL		le name 
0 Are very releted to	of the end of	ing Director	of the De	nk Yes	 ] No []	
<ul><li>0. Are you related to an</li><li>1. Declaration</li></ul>	y of the exist	ing Directors	or the Bar	ik ies _	] 140 []	
correct and complete I/We have not withher initiated against me/UI/We also authorize information in this ap I/We also authorizes loan details and results and results and results and results and results are information.  I/We undertake to in Occupation/ Transfer I/We further agree the force from time to time to the information and the information to the information and the information to the information and the information to the information to the information and the information to the information and the information to the information and information to the information to the initial terms of the initial terms	eld any informus nor have I, Saraswat B plication whi Saraswat Bar repayment b may be re aform Sarasw and to provided my/our look	mation. I/We /We ever bee cank or its ch it conside nk to exchan nistory infor equired and rat Bank reg de any other	confirm then adjudica agent to r rs necessar ge, share, mation to shall not arding any informatio	ted insolvent make referer y. part with all other Ban hold Sarawa change in m n Saraswat B	nces and er information ks/Financial at Bank liab ny/our reside ank may req	relating to m institutions/C ole for use of ence/ employr uire.
Information of Family	our new prod			ınking need		
Information of Family In order to offer you o to you if the following	our new prod			ınking need ıre provided	s we would l.	
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Information of Family In order to offer you o to you if the following Relation  Type of Loans availed if any b members.	our new prod details of yo First Name	our family r	nembers o	inking need ire provided Education	s we would  Cocupation  Whether need perceived in the	of such Loan is e near future.

Yes / No Yes / No Yes / No

Details of Sur	ety No.1			
	1. Full Name:	(Please leave a space aft	er each part of name)	(Please attach proof of identity)
	Mr/Ms/Mrs	Surname	First name	Middle name
Photograph				
of the	2. Residentia	Address: (Attach proof o	t address)	
Surety				
1	J			Pin Code
Res (Tel): └─ └─	_	Mobile: LLLLLL	LLDate of Birth:LL	
3. Business L				
•			Designation:	
	it age :- Land	yrs. Residual servic	e period : yrs	
4. Name & a M/s	laaress of the C	)mice: 		
74,75				
			Pin	Code L L L L
Off (Tel):			_	:
5. Gross Ann	iual Income : R	s	Net Annual Income: Rs.	
•	,		lary certificate/slip in case	•
		vith statement of computat	ion of income for business	men/professionals.
	Bank Account:			
	of the Bank	Name of the Branch	Type of A/C	Account Since
1. 2.				
	Shareholding	of our Banks-		
	•	No. of Shares	Sh h -   - i	
M.K. 190		_ INO. Of Shares	Shareholder since	
Details of Sur	ety No.2			
	1. Full Name:	(Please leave a space aft	er each part of name)	(Please attach proof of identity)
	Mr/Ms/Mrs		First name	Middle name
Photograph				
of the	2. Residentia	Address: (Attach proof o	f address)	
Surety				
1 1	J			Pin Code LLLL
Res (Tel): LL	_	Mobile: LLLLLL	LLDate of Birth:LL	
B. Business				
,			Designation:	
	t age :-	-	e period : yrs	
<b>1. Name &amp; a</b> M/s	ddress of the C	)		
141/2				
				Code
Off (Tel):			Fax	:
	ıual Income : R	s	Net Annual Income : Rs.	
			lary certificate/slip in case	of salaried persons and
copies of IT	Returns along v		tion of income for business	
	Bank Account:			
Name	of the Bank	Name of the Branch	Type of A/C	Account Since
1.				
2.	Cl 1 1 11	- ( D -		
	Shareholding			
M.R. No		No. of Shares	Shareholder since	
Declaration :				
			he Saraswat Co-op. Bank L	td. for the loan of
Rs	applied by	Mr/Ms		
			ormation furnished herein/a	
/we agree to a nto force.	ibiae by the Kule	s and bye-laws of the Ban	k, which are now in force o	г тау пегеаттег соте
no force.				
	uro of Complex No.	1	C:	of Suratu No. 2
	re of Surety No.			of Surety No.2
Date			Date	

# SPECIFIC DETAILS OF LOAN APPLIED

#### FILL UP IN BLOCK LETTERS

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Total Cost	Amt.	Sources	Amt.
1. Courses fees		Own Stake	Aim
2. Other Exps. (specify)		Others (specify)	
		Bank Loan (Applied)	
Total		Total	
I. Particulars of the security off	ered :		
S, Privilege)		oan or any other Consumption Lo.	
iii. Price of the article			
b. Name, Address and Teleph	one No. of the De	aler/Vendor.	
M/s		Pin Code	
Off(Tel):C		Fax :	
Total Cost	Amt.	Sources	Amt.
1. Basic Cost		Own Stake	
2. Cost of Accessories		Others (specify)	
		Bank Loan (Applied)	
Total		Total	
Ioidi		Iolai	
	nt information li	ses such as sickness, travelling, ce ke cost involved, Medical Certifica	

# **EDUCATIONAL DETAILS**

### FILL UP IN BLOCK LETTERS

1.	Name of the Student :
	Mr/Ms/Mrs Surname First name Middle name
2.	Sex of the Student
3.	Relationship with Student
4.	Educational Qualifications
5.	Specify Parental / Family Gross Income: Rs
6.	Belonging to Economically Weaker Section
7.	Studies in India / Abroad. If Abroad (Specify Country)
8.	Name of the course
9.	Whether course is IBA Approved Yes No
10	D. Undergraduate Post graduate
1	I. If post graduate, whether subsidy claimed under Central Scheme of IBA during undergraduate Yes No
12	2. Duration of the course
13	3. Name of the proposed Institution / College/ University
14	1. Affiliation / Accreditation of the Institute / College / University
15	5. Name of the Counselor (For Education Abroad)
10	5. Category : SC ST OBC GEN
17	7. Minority : Muslim  Christian  Sikh  Other
18	3. Student Physically disabled/ handicapped
19	2. Whether Subsidy availed / claimed under other scheme  Yes  No
20	Details about total cost and sources of finance:
2	. Particulars of the security offered: