

Branch

LOAN APPLICATION FORM FOR RETAIL LOANS

Photograph of the Applicant	Photograph of the Co-applicant	Customer No.: <input type="text"/>	Date : <input type="text"/>	A/c No. <input type="text"/>
		Purpose : <input type="text"/>	Amount applied : <input type="text"/>	
		Proposed repayment : <input type="text"/> months	Total Cost : <input type="text"/>	
		PLEASE COMPLETE ALL SECTIONS IN BLOCK LETTERS AND TICK <input checked="" type="checkbox"/> BOXES WHEREVER APPLICABLE.		

1. Name of the Applicant : (please leave a space after each part of name) (Attach Photo ID Proof)

Mr/Ms/Mrs Surname First name Middle name

Name of the Co-Applicant : (Personal Details in Separate Form)

Mr/Ms/Mrs Surname First name Middle name

Particulars about the First Applicant

2. Residential Address : (Attach proof of address)

Pin Code

Res (Tel): E-mail:

Mobile:

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:

B. Businessman / Professional / Self employed person:

1. Type of Entity :

a. Proprietorship ☐ b. Partnership ☐ c. Others specify:

2. Office premises

a. Owned ☐ b. Rental ☐ If rental, how many years at the present location yrs

7. Name of the Employer / Office

M/s

Office Address

Pin Code

Off(Tel) Fax

For Office use only

8. A. Income Details :

	Last Year	Current Year	
	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			

B. In case of Business/Profession, whether it comes under Tax Audit purview : Yes ☐ No ☐

C. PAN No.

Please attach documentary evidence such as latest salary certificate/slip and Form No.16 in case of salaried persons.

In case of Businessmen / Professionals attach following documentary evidences:

(a) Copies of IT Returns along with statement of computation of income for last two Assessment Years.

(b) Copies of Profit & Loss and Balance Sheet for last two years.

9. Number of dependants in the family : ☐ Children ☐ Adults ☐ Total
(Excluding the Applicant)

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. _____ Card Limit _____ Issued by: _____

2) Card No. _____ Card Limit _____ Issued by: _____

Amount (Rs)

11. a. Proposed EMI for Loan Applied _____
b. Other Loan installments (Excluding salary deductions by the Employer) _____
c. Total claims / Repayment commitments (a) + (b) _____
d. % of Total repayment (c above) to Net Salary / Income p.m. _____

12. Details of Life Insurance Policies held by the Applicant :

No.	Date of Policy	Amt of Policy	Premium Amt.	Type of cover	Due Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

13. Details of shareholding of our Bank :

M.R.No. No. of Shares Shareholder since

14. Previous record of Loan taken from this Bank

Date	Branch	Amt of Loan	Purpose	Record
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

15. Mode of Repayment proposed:

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: _____

16. Information about Assets/Liabilities in the name of Applicant as on date of application :

Assets :		Rs. in thousands	Liabilities : (Loans taken)		Rs. in thousands
Particulars	Purchase Value	Approx. Market Value	Particulars	Purpose	Outstanding Amount
Ownership Property--Land/Plot			From Saraswat Bank :		
Flat/Bungalow			From Other Banks :		
Vehicle			From FIs/NBFCs :		
Computer			From Employer :		
Other Assets (Specify)			From Credit Society :		
			From Others Specify :		
Investments			Indirect Liability as a Surety		
Total Assets			Total Liabilities		

Investments should include Fixed Deposits in Banks, NSCs, PPF, PF, Shares and other such Instruments

Total Marks
out of 100

17. Do you belong to Schedule Caste / Tribe Yes ☐ No ☐

18. Details of collateral, if any, offered :

19. Name of Sureties offered (please leave a space after each part of name)

Relationship

Mr/Ms/Mrs Surname First name Middle name

Mr/Ms/Mrs Surname First name Middle name

20. Are you related to any of the existing Directors of the Bank Yes ☐ No ☐

21. Declaration

I/We hereby declare that all the particulars and information furnished in the application form are true, correct and complete and up-to-date in all respects.

I/We have not withheld any information. I/We confirm that I/We have had no insolvency proceedings initiated against me/us nor have I/We ever been adjudicated insolvent.

I/We also authorize Saraswat Bank or its agent to make references and enquiries relative to information in this application which it considers necessary.

I/We also authorize Saraswat Bank to exchange, share, part with all information relating to my/our loan details and repayment history information to other Banks/Financial institutions/Credit Bureaus/Agencies as may be required and shall not hold Sarawat Bank liable for use of this information.

I/We undertake to inform Saraswat Bank regarding any change in my/our residence/ employment/ Occupation/ Transfer and to provide any other information Saraswat Bank may require.

I/We further agree that my/our loan shall be governed by the rules of Saraswat Bank which may be in force from time to time.

Date

Signature of the Applicant

Information of Family Members

In order to offer you our new products meeting your banking needs we would be thankful to you if the following details of your family members are provided.

Relation	First Name	Birth Date	Education	Occupation	Income Level
Type of Loans availed if any by family members.	Name of the Financiers			Whether need of such Loan is perceived in the near future.	
Housing				Yes / No	
Vehicle				Yes / No	
Personal				Yes / No	
Services availed if any by family members.	Name of the Service Provider			Whether need of such service is perceived in near future.	
				Yes / No	
				Yes / No	
				Yes / No	

Photograph of the Surety	1. Full Name: (Please leave a space after each part of name)		
	Mr/Ms/Mrs _____	Surname _____	First name _____
	Middle name _____		
	2. Residential Address: (Attach proof of address)		
_____ _____ _____			Pin Code _____
Res (Tel): _____ Mobile: _____ Date of Birth: _____			
3. Business <input type="checkbox"/> Profession <input type="checkbox"/> Service <input type="checkbox"/>			
No. of years in service/profession/business: _____ Designation: _____			
Retirement age :- _____ yrs. Residual service period : _____ yrs			
4. Name & address of the Office:			
M/s _____ _____ _____			
			Pin Code _____
Off (Tel): _____ Fax: _____			
5. Gross Annual Income : Rs. _____ Net Annual Income : Rs. _____			
(Please attach documentary evidence such as latest salary certificate/slip in case of salaried persons and copies of IT Returns along with statement of computation of income for businessmen/professionals.			
6. Details of Bank Account:			
Name of the Bank	Name of the Branch	Type of A/C	Account Since
1.			
2.			
7. Details of Shareholding of our Bank:-			
M.R. No. _____ No. of Shares _____ Shareholder since _____			

Photograph of the Surety	1. Full Name: (Please leave a space after each part of name)			(Please attach proof of identity)		
	Mr/Ms/Mrs	Surname	First name	Middle name		
	_____	_____	_____	_____		
	2. Residential Address: (Attach proof of address)					
_____ _____ _____ _____						
						Pin Code _____
Res (Tel): _____ Mobile: _____ Date of Birth: _____						
3. Business <input type="checkbox"/> Profession <input type="checkbox"/> Service <input type="checkbox"/>						
No. of years in service/profession/business: _____ Designation: _____						
Retirement age :- _____ yrs. Residual service period : _____ yrs						
4. Name & address of the Office:						
M/s _____ _____ _____ _____						
						Pin Code _____
Off (Tel): _____ Fax: _____						
5. Gross Annual Income : Rs. _____ Net Annual Income : Rs. _____						
(Please attach documentary evidence such as latest salary certificate/slip in case of salaried persons and copies of IT Returns along with statement of computation of income for businessmen/professionals.						
6. Details of Bank Account:						
Name of the Bank	Name of the Branch	Type of A/C	Account Since			
1.						
2.						
7. Details of Shareholding of our Bank:-						
M.R. No. _____ No. of Shares _____ Shareholder since _____						

Signature of Surety No.2

Date

SPECIFIC DETAILS OF LOAN APPLIED

FILL UP IN BLOCK LETTERS

I. Specific details for the Housing/House Repairs Loan :

a. Proposed Residential Address :

[illegible]

b. Details about total cost and sources of Finance :

Total Cost	Amt.	Sources	Amt.
1. Cost of Flat/House		Own Stake	
2. Stamp Duty & Registration Fees		Others (specify)	
3. Cost of amenities		Bank Loan (Applied)	
4. Incidental Cost (if any)			
Total		Total	

c. Details of Flat/Property :

- i. Agreement for a. Resale b. New
- ii. If resale, age of the Bldg. yrs.
- iii. Built-up area of Flat sq.ft./sq.mt.
- iv. In case of Bungalow - Area of land sq.ft./sq.mt. Built-up area sq.ft./sq.mt.
- v. Name & Address of the Builder / Vendor / Society : _____
- _____
- vi. Amount other than Bank Loan : Paid : Rs. To be paid : Rs.
- (Attach copy of receipts for payments made)

II. Specific details for Vehicle Loan :

a. Name of the Model: New / Used

b. In case of Resale Vehicle : Year of the Model : Vehicle No.

c. Details about total cost and sources of finance

c. Details about total cost and sources of finance

Total Cost	Amt.	Sources	Amt.
1. Cost of Vehicle		Own Stake	
2. RTO Charges		Others (specify)	
3. Insurance Charges		Bank Loan (Applied)	
4. Other Accessories			
Total		Total	

d. RTO (Registration Authority) : Present Registration at: Proposed Registration at
(in case of resale)

e. Name and address of the Vendor/Dealer/Existing Owner for the proposed purchases:

Tel. No.

III. Specific details for Education Loan :

a. Name of the student :

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b. Relationship with the student : _____

c. Educational Qualifications : _____

d. Name of the Course: _____

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h. Details about total cost and sources of finance :

Total Cost	Amt.	Sources	Amt.
1. Courses fees		Own Stake	
2. Other Exps. (specify)		Others (specify)	
		Bank Loan (Applied)	
Total		Total	

I. Particulars of the security offered : _____

IV. Specific details for Computer/Consumer Durable Loan or any other Consumption Loan : (MPLS, Privilege)

a. Details of the article to be purchased _____

i. Description of the article

ii. Name of the manufacturer

iii. Price of the article _____

b. Name, Address and Telephone No. of the Dealer/Vendor.

[illegible][illegible]

Fax : | | | | | | | |

C. Details about total cost and sources of finance :

Total Cost	Amt.	Sources	Amt.
1. Basic Cost		Own Stake	
2. Cost of Accessories		Others (specify)	
		Bank Loan (Applied)	
Total		Total	

***** Specific details for Loans for other purposes such as sickness, travelling, ceremony etc. please submit the relevant information like cost involved, Medical Certificate/ Wedding Card/Thread Ceremony Card etc.**

Signature of the Applicant

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 ☐ Male ☐ Female ☐ Third Gender

3. Relationship with Student _____

4. Educational Qualifications _____

5. Specify Parental / Family Gross Income: Rs. _____

6. Belonging to Economically Weaker Section ☐ Yes ☐ No

7. Studies in India / Abroad. If Abroad (Specify Country) _____

8. Name of the course _____

9. Whether course is IBA Approved ☐ Yes ☐ No

10. Undergraduate ☐ Post graduate ☐

11. If post graduate, whether subsidy claimed under Central Scheme of IBA during undergraduate ☐ Yes ☐ No

12. Duration of the course _____

13. Name of the proposed Institution / College/ University _____

14. Affiliation / Accreditation of the Institute / College / University _____

15. Name of the Counselor (For Education Abroad) _____

16. Category : SC ☐ ST ☐ OBC ☐ GEN ☐

17. Minority : Muslim ☐ Christian ☐ Sikh ☐ Other ☐

18. Student Physically disabled/ handicapped ☐ Yes ☐ No

19. Whether Subsidy availed / claimed under other scheme ☐ Yes ☐ No

20. Details about total cost and sources of finance: _____

21. Particulars of the security offered: _____