

# **IFFCO Kisan Finance Limited**

Application No.: IKFL

| Application Date: |  |  |  |  |
|-------------------|--|--|--|--|
|                   |  |  |  |  |

CORPORATE OFFICE: 3rd Floor, IFFCO Tower-1, Plot No. 3, Sector-29, Gurugram-122001, Haryana

REGISTERED OFFICE: IFFCO Sadan, C-1, District Centre, Saket Place, New Delhi-110017

|                                       | LOAN APPLICATION            | FORM: MSME LOANS   |
|---------------------------------------|-----------------------------|--|
|                                       | SOURCI                      | NG DETAILS   |
| Branch Code: Bran                     | ch Name:                    | Sub Location/District:   |
| M Code: TM N                          | Name:                       |  |
|                                       | Jame:                       |  |
|                                       | nector/Referral/Kisan Doot  | DSA Channel Code:  |
| Channel Name                          | lecto//Referral/Risall Doot | Chainel Code.  |
|                                       |                             | the details in DLOCK LETTERS in clear writing to help up a great way to the  |
| For any doubts or questions, please   |                             | the details in <b>BLOCK LETTERS</b> in clean writing to help us serve you better.<br>presentative.   |
| or any deapte or queenene, product    |                             | D LANGUAGE   |
| nglish Hindi Other Prefer             |                             |  |
| nglish Hindi Other Prefer             |                             | OT DETAIL C  |
| Design of Toronto Control Design      |                             | CT DETAILS   |
| Product Type: Loan Against Property   | ·                           |  |
|                                       | ABOUT TH                    | IE PROPERTY  |
| Property Type: Agriculture Land       | Residential Property        | Row House Commercial Property Industrial   |
| Plot                                  | Other/s                     | Please Specify   |
| Property Address:                     |                             |  |
|                                       |                             |  |
| Dity:                                 | Pin                         | State State  |
| , , , , , , , , , , , , , , , , , , , |                             | REQUIREMENT  |
| and Amount D. / 3                     |                             |  |
| .oan Amount Rs./₹                     | Tenure of Loan              |  |
|                                       |                             | ICE DETAILS  |
| nsurance Premium Amount               | •                           |  |
|                                       |                             | Relationship DOB / Age PPLICANT CO-APPLICANT   |
| Prefix                                | First Name                  | Middle Name Last Name  |
| Applicant Name:                       |                             |  |
| Father/Spouse Name:                   |                             |  |
| Name of authorised signatory:         |                             |  |
| Mother's Name:                        |                             |  |
| Date of Birth/Date of Incorporation/R | Pogistration: DD MM VD      |  |
|                                       |                             |  |
| Gender: Male Female                   | Transgender Marital Status  |  |
| Category: Gen SC S                    | ST OBC Minority             | Others   |
| ocation: Rural Semi Urba              | n Urban Metro               | Others   |
| Residential Status: Resident          | NRI Number of depend        |  |
| Education: Under Graduate             | Graduate Post-Graduate      | Profession Others WITH SIGNATURE   |
| Aadhar No.: * * * * * *               | * PAN.:                     | SIGNATURE SIGNATURE  |
| MSME/UDYAM Reg No.:                   |                             |  |
|                                       | Exp.                        |  |
| Oriving Lic No.                       | Date                        |  |
| /oter ID Card No.:                    |                             | Date Date  |
| Residence Address / Registered Offi   | ce Address:                 |  |
|                                       |                             |  |
| City                                  | PIN State                   | STD Code:  |
| Tel: Mobi                             | ile:                        | Email:   |
| Preferred Mailing Address:            | Office Residence            |  |
| Property is Self-owned F              | Rented Company Provided     | Family Owned Relatives HUF Others  |
| No. of Years at above Residence       | If rented, Monthly rent:    |  |
| PermanentAddress/Corporate Office     |                             |  |
|                                       |                             |  |
|                                       |                             | State Commission Commi |
| City Control Control                  | PIN                         | State  |
| STD Code:                             | Tel:                        | Mobile: Mobile:  |
|                                       |                             |  |
| PLEASE SIGN HERE                      | PLEASE SIGN HERE            | PLEASE SIGN HERE PLEASE SIGN HERE  |
| Signature Borrower                    | Signature Co-Borrower       | Signature Co-Borrower Signature Guarantor  |
| Name:                                 | Name                        | Name: Name:  |
| vaille                                | Name:                       | Name: Name:  |

| OCCUPATION DETAILS - APPLICANT / CO-APPLICANT  |                                      |
|--|--------------------------------------|
| Salaried Self Employed Others (Retiered/Hous   | sewife/Professional/Student)         |
| Name of Company:   |                                      |
| Office Address:  |                                      |
|  |                                      |
| City: Pin State  |                                      |
| STD Code: Tel: Mobile:   |                                      |
| Email:   |                                      |
| Office Address status: Owned Rented Nature of Business:  |                                      |
| No. of years in business/service Type of business premise: Gala Retail Shop  | Office Others                        |
| Type of company: Sole Proprietroship Partnership Firm Private Ltd Ltd Company HUF  | PSU Govt. MNC                        |
| Date of Incorporation: DD MM YYYY GST No.  |                                      |
| Industry Type: Mfg. Trading Service Others   |                                      |
| PERSONAL DETAILS - CO-APPLICANT / GUARANTOR/ POA HOLDER (  | •                                    |
| Prefix First Name Middle Name Applicant Name:  | Last Name                            |
| Mother's Name:   |                                      |
| Father/Spouse Name:  |                                      |
| Name of authorised signatory:  |                                      |
| Date of Birth/Date of Incorporation/Registration:  |                                      |
| Gender: Male Female Transgender Marital Status: Married Single Others  |                                      |
| Category: Gen SC ST OBC Minority Others  |                                      |
|  |                                      |
|  | PHOTOGRAPH                           |
| Residential Status: Resident NRI Number of dependents: NRI Number of dependents:   | WITH                                 |
| Education: Under Graduate Graduate Post-Graduate Profession Others   | SIGNATURE                            |
| Aadhar No.: * * * * * * PAN.: PAN.:  |                                      |
| MSME/UDYAM Reg No.:  |                                      |
| Driving Lic No.  |                                      |
| Voter ID Card No.: Passport No.: Exp. Date   |                                      |
| Residence Address / Registered Office Address:   |                                      |
|  |                                      |
| City PIN State ST  | TD Code:                             |
| Tel: Mobile: Email: Email:   |                                      |
| Permanent Address/Corporate Office Address:  |                                      |
|  |                                      |
| City PIN State ST  | TD Code:                             |
| Tel:   |                                      |
| Are you staying together Relationship with applicant   |                                      |
| OCCUPATION DETAILS - CO-APPLICANT/GUARANTOR  |                                      |
|  | sewife/Professional/Student)         |
| Name of Company: (Industrial Industrial Indu |                                      |
| Office Address:  |                                      |
|  |                                      |
| City: Pin State  |                                      |
| STD Code: Tel: Mobile:   |                                      |
| Email:   |                                      |
| Office Address status: Owned Rented Nature of Business:  |                                      |
| No. of years in business/service Type of business premise: Gala Retail Shop  | Office Others                        |
|  | PSU Govt. MNC                        |
| Date of Incorporation: DD MM YYYY GST No.  | . JJ JOVI IVIIVO                     |
|  |                                      |
| Industry Type: Mfg. Trading Service Others   |                                      |
| PLEASE SIGN HERE PLEASE SIGN HERE PLEASE SIGN HERE   | DI EASE SIGN HEDE                    |
| Signature Borrower Signature Co-Borrower Signature Co-Borrower   | PLEASE SIGN HERE Signature Guarantor |
|  |                                      |

Name: .....

Name:....

Name: .....

Name:

| PERSONAL DETA  | AILS -         | CO-     | APP                                     | LICA                         | NT /               | G       | JAR/    | ANT      | OR          | <i>!</i> /                            | _          | 20/  | 4 h        | 10                | עב    | ER  | (10 | )r i | VК   | 1)    |             |  |      |       |      |
|--|----------------|---------|---|------------------------------|--------------------|---------|---------|----------|-------------|---------------------------------------|------------|------|------------|-------------------|-------|-----|-----|------|------|-------|-------------|--|------|-------|------|
| Prefix   | Firs           | st Name |   |                              |                    | М       | ddle Na | ame      | _           |                                       |            | 1    |            | 1                 | 1     | 1   |     | Las  | t Na | ame   |             |  |      |       |      |
| Applicant Name:  |                |         | <u> </u>                                |                              |                    |         |         | _ _      | Ļ           |                                       |            |      | L          | Ļ                 |       |     |     | Ļ    | Ļ    | Ļ     | Ļ           | Ļ  | Ļ    | Ļ     | L    |
| Mother's Name:   |                |         | _ _                                     |                              |                    |         |         | <u> </u> | Ļ           |                                       |            |      |            | Ļ                 |       |     |     | Ļ    | Ļ    | Ļ     | Ļ           | Ļ  | Ļ    |       | L    |
| Father/Spouse Name:  |                |         | _ _                                     |                              |                    |         |         | 4        | Ļ           |                                       |            |      | L          | Ļ                 |       |     |     | Ļ    | Ļ    | Ļ     | Ļ           | Ļ  | Ļ    | Ļ     | Ļ    |
| Name of authorised signatory:  |                |         |   |                              |                    |         |         |          |             |                                       |            |      |            |                   |       |     |     | L    |      |       | JL          |  |      |       |      |
| Date of Birth/Date of Incorporation/Regi   | stration:      | D D     | M                                       | И                            | YY                 | Y 1     | Nation  | ality    |             |                                       |            | _    | _          |                   |       |     |     |      |      |       |             |  |      |       |      |
| Gender: Male Female  | Transgend      | ler     | Mari                                    | tal Sta                      | itus:              | Ma      | ried    |          | Sin         | ngle                                  |            |      | (          | Othe              | ers   |     |     |      |      |       |             |  |      |       |      |
| Category: Gen SC ST  | ОВС            |         | Min                                     | ority                        |                    | Others  |         |          |             |                                       |            |      |            |                   |       |     |     |      |      |       |             |  |      |       |      |
| Location: Rural Semi Urban   | Urbar          | n _     | Me                                      | tro                          |                    | Others  |         |          |             |                                       |            |      |            |                   |       |     |     |      |      | PHO   | TC          | GR/                                      | ΔPH  |       |      |
| Residential Status: Resident   | NRI            | Num     | nber c                                  | of depe                      | endent             | s: 🔙    |         |          |             |                                       |            |      |            |                   |       |     |     |      |      |       |             | ITH                                      |      |       |      |
| Education: Under Graduate G  | raduate        | Pos     | st-Gra                                  | aduate                       |                    | Profes  | ssion   | Oth      | ners        |                                       |            |      |            |                   |       |     |     |      |      | SI    | 3N/         | ATU                                      | RE   |       |      |
| Aadhar No.: * * * * * * * * *  |                | P       | AN.:                                    |                              |                    |         |         |          |             |                                       |            |      |            |                   |       |     |     |      |      |       |             |  |      |       |      |
| MSME/UDYAM Reg No.:  |                |         |   |                              |                    |         |         |          |             |                                       |            |      |            |                   |       |     |     |      |      |       |             |  |      |       |      |
| Driving Lic No.  | Exp.           |         |   |                              |                    |         |         |          |             | ,                                     |            |      |            |                   |       |     | L   |      |      |       |             |  |      |       |      |
| Voter ID Card No.:   |                | Passpo  | <br>ort No                              |                              |                    |         |         |          |             | Ex                                    | κp.<br>ate |      |            |                   | ]     |     |     |      |      |       |             |  |      |       |      |
|  |                |         |   |                              |                    |         |         |          |             |                                       | ale        |      |            |                   | _     |     |     | 1    |      | 1     | 7           |  | _    |       | 1    |
| Residence Address / Registered Office  | Address:       |         |   |                              |                    |         |         | 4        |             |                                       |            | 닏    |            |                   |       |     |     |      |      |       | #           | _ _                                      | 1    |       |      |
|  |                | البالبا | _ _                                     |                              |                    |         |         |          | - •         |                                       |            | 닏    |            |                   |       |     |     |      |      |       | <u> </u>  _ | <u> </u>                                 |      |       |      |
| City   |                | PII     |   |                              |                    |         |         | Sta      | ate         |                                       |            |      |            |                   |       |     |     |      |      |       | Ļ           | _ _                                      | Ļ    |       |      |
| STD Code:  |                | Te      | : <u> </u>                              |                              |                    |         | Щ.      |          | 1           | 1                                     |            |      | ١          | /lob              | ile:  | L   |     | Ļ    | Ļ    | Ļ     | Ļ           | <u>.</u>                                 | Ļ    |       |      |
| Email:   |                |         | _ _                                     |                              |                    |         |         | <u> </u> | Щ           |                                       | Щ          | Щ    |            |                   |       | L   |     |      |      | Ļ     | Ļ           | Ļ  | Ļ    |       | L    |
| Permanent Address/Corporate Office Add   | dress:         |         | _                                       |                              |                    |         |         | _ _      | Щ           |                                       | _          |      |            |                   |       | Щ   | L   |      |      | Ļ     | Ļ           | Ļ  | Ļ    |       | L    |
|  |                |         | <u> </u>                                |                              |                    |         |         |          |             |                                       | _          |      |            |                   |       | Ш   | L   |      |      | Ļ     | Ļ           | <u> </u>                                 |      |       |      |
| City   |                | PIN     |   |                              |                    |         |         | Sta      | ate         |                                       |            |      |            |                   |       | Ш   | L   |      |      | Ļ     | Ļ           | Ļ  |      |       | L    |
| STD Code:  |                | Te      | l:                                      |                              |                    |         |         |          |             |                                       |            |      | Λ          | /lob              | le:   | Ш   | Ļ   |      |      | Ļ     | Ļ           | _  | Ļ    | Щ     | L    |
| Email:   |                |         |   |                              |                    |         |         |          |             |                                       |            |      |            |                   |       |     |     |      |      |       | JL          |  |      |       |      |
| Are you staying together   |                |         |   |                              |                    | Re      | lations | ship v   | with        | арр                                   | lica       | ant  |            |                   |       |     |     |      |      |       |             |  |      |       |      |
|  |                |         |   |                              |                    |         |         |          | 211         | AD/                                   | ΔN         | TΩ   | R          |                   |       |     |     |      |      |       |             |  |      |       |      |
|  | OCCUP          | ATION   | DET                                     | AILS                         | - CO               | -APP    | LICA    | NT/C     | 3U#         | AKA                                   | -11        | ıU   | •••        |                   |       |     |     |      |      |       |             |  |      |       |      |
| Salaried Self Employed   | OCCUP/<br>Othe |         | DET                                     | AILS                         | - CO               | -APPI   | _ICA    | NT/C     | 3U/         | ARA                                   | \\\\       |      |            | tier              | ed/   | Ηοι | ıse | wife | e/P  | rofe  | ese         | ion                                      | al/S | tude  | ent) |
|  |                |         | DET                                     | AILS                         | - CO               | -APP    | -ICA    | NT/C     | 3U <i>A</i> | ARA                                   |            |      |            | tier              | ed/   | Ηοι | ıse | wife | e/P  | rofe  | ess         | sion                                     | al/S | tude  | ent) |
| Salaried Self Employed   |                |         | DET                                     | AILS                         | - CO               | -APPI   | ICA     | NT/C     |             |                                       |            |      |            | tier              | ed/   | Hou | ıse | wife | e/P  | rofe  | ess         | iona                                     | al/S | tude  | ent) |
| Salaried Self Employed Name of Company:  |                |         | DET                                     | AILS                         | - CO               | -APPI   | ICA     | NT/O     |             |                                       |            |      |            | tier              | ed/   | Hou | use | wife | e/P  | rofe  | ess         | siona                                    | al/S | tude  | ent) |
| Salaried Self Employed Name of Company:  |                |         | DET                                     | AILS                         | - CO               | -APPI   |         | NT/C     |             |                                       |            |      | Re         | tier              | ed/   | Hou | use | wife | e/P  | rofe  | ess         | ion                                      | al/S | tude  | ent) |
| Salaried Self Employed  Name of Company: Office Address:   |                |         | DET                                     | AILS  Tel:                   |                    | -APP    |         | NT/C     |             |                                       |            | (    | Re         | etier             |       | Hou | use | wife | e/P  | rofe  | ess         | siona                                    | al/S | tude  | ent) |
| Salaried Self Employed  Name of Company: Office Address: City:   |                |         | DET                                     |                              |                    | -APP    |         | NT/C     |             |                                       |            | (    | Re         |                   |       | Hou | Jse | wife | e/P  | rofe  | ess         | siona                                    | al/S | tude  | ent) |
| Salaried Self Employed Name of Company: City: STD Code: STD Code:  |                |         |   | Tel:                         |                    |         |         | NT/C     |             |                                       |            | (    | Re         |                   |       | Hou | Jse | wife | e/P  |       | ess         | siona                                    | al/S | tude  | ent) |
| Salaried Self Employed  Name of Company: City: STD Code: Email:  | Othe           |         |   | Tel:                         | Pin                | siness  |         |          | Ga          |                                       |            | (    | Re         |                   | ile:  |     | use | wife |      | rrofe |             |  | al/S | Oth   |      |
| Salaried Self Employed  Name of Company: City: STD Code: Email: Owned  | Othe           |         |   | Tel:                         | Pin Of Busin       | siness  | emise   |          | Gæ          |                                       |            | (    | Re<br>Ee N | /ob               | ille: |     |     | wife |      | ffice |             |  | al/S | Oth   |      |
| Salaried Self Employed Name of Company: City: STD Code: Email: Owned No. of years in business/service  | Othe           | ers     |   | Tel: Nature                  | Pin Of Busin       | siness: | emise   |          | Gæ          | ]                                     |            | (    | Re<br>Ee N | Mob               | ille: |     |     |      |      | ffice |             |  | al/S | Oth   | ners |
| Salaried Self Employed  Name of Company: City: City: STD Code: Email: Owned  No. of years in business/service  Type of company: Sole Proprietros  Date of Incorporation: DD MM                                   | Othe           | ers     | N T ship F GST                          | Tel: Nature Type of          | Pin Of Bus f busin | siness: | emise   |          | Gæ          | ]                                     |            | (    | Re<br>Ee N | Mob               | ille: |     |     |      |      | ffice |             |  | al/S | Oth   | ners |
| Salaried Self Employed  Name of Company:  Office Address:  City:  STD Code:  Email:  Office Address status:  Owned  No. of years in business/service  Type of company:  Sole Proprietros  Date of Incorporation: | Othe           | ers     | N T ship F GST                          | Tel: Nature                  | Pin Of Bus f busin | siness: | emise   |          | Gæ          | ]                                     |            | (    | Re<br>Ee N | Mob               | ille: |     |     |      |      | ffice |             |  | al/S | Oth   | ners |
| Salaried Self Employed  Name of Company:  Office Address:  City:  STD Code:  Email:  Office Address status:  Owned  No. of years in business/service  Type of company:  Sole Proprietros  Date of Incorporation: | Othe           | ers     | N T ship F GST                          | Tel: Nature Type of          | Pin Of Bus f busin | siness: | emise   |          | Gæ          | ]                                     |            | (    | Re<br>Ee N | Mob               | ille: |     |     |      |      | ffice |             |  | al/S | Oth   | ners |
| Salaried Self Employed  Name of Company:  Office Address:  City:  STD Code:  Email:  Office Address status:  Owned  No. of years in business/service  Type of company:  Sole Proprietros  Date of Incorporation: | Othe           | ers     | N T ship F GST                          | Tel: Nature Type of          | Pin Of Bus f busin | siness: | emise   |          | Gæ          | ]                                     |            | (    | Re<br>Ee N | Mob               | ille: |     |     |      |      | ffice |             |  | al/S | Oth   | ners |
| Salaried Self Employed  Name of Company:  Office Address:  City:  STD Code:  Email:  Office Address status:  Owned  No. of years in business/service  Type of company:  Sole Proprietros  Date of Incorporation: | Othe           | ers     | N T ship F GST                          | Tel: Nature Type of          | Pin Of Bus f busin | siness: | emise   |          | Gæ          | ]                                     |            | (    | Re<br>Ee N | Mob               | ille: |     |     |      |      | ffice |             |  | al/S | Oth   | ners |
| Salaried Self Employed  Name of Company: City: City: STD Code: Email: Owned  No. of years in business/service  Type of company: Sole Proprietros  Date of Incorporation: DD MM                                   | Othe           | ers     | N T ship F GST                          | Tel: Nature Type of          | Pin Of Bus f busin | siness: | emise   |          | Gæ          | ]                                     |            | (    | Re<br>Ee N | Mob               | ille: |     |     |      |      | ffice |             |  | al/S | Oth   | ners |
| Salaried Self Employed  Name of Company: City: City: STD Code: Email: Owned  No. of years in business/service  Type of company: Sole Proprietros  Date of Incorporation: DD MM                                   | Othe           | ers     | N T ship F GST                          | Tel: Nature Type of          | Pin Of Bus f busin | siness: | emise   |          | Gæ          | ]                                     |            | (    | Re<br>Ee N | Mob               | ille: |     |     |      |      | ffice |             |  | al/S | Oth   | ners |
| Salaried Self Employed  Name of Company: City: City: STD Code: Email: Owned  No. of years in business/service  Type of company: Sole Proprietros  Date of Incorporation: DD MM                                   | Othe           | ers     | N T ship F GST                          | Tel: Nature Type of          | Pin Of Bus f busin | siness: | emise   |          | Gæ          | ]                                     |            | (    | Re<br>Ee N | Mob               | ille: |     |     |      |      | ffice |             |  | al/S | Oth   | ners |
| Salaried Self Employed  Name of Company: City: City: STD Code: Email: Owned  No. of years in business/service  Type of company: Sole Proprietros  Date of Incorporation: DD MM                                   | Othe           | ers     | N T ship F GST                          | Tel: Nature Type of          | Pin Of Bus f busin | siness: | emise   |          | Gæ          | ]                                     |            | (    | Re<br>Ee N | Mob               | ille: |     |     |      |      | ffice |             |  | al/S | Oth   | ners |
| Salaried Self Employed  Name of Company:  Office Address:  City:  STD Code:  Email:  Office Address status:  Owned  No. of years in business/service  Type of company:  Sole Proprietros  Date of Incorporation: | Othe           | ers     | N T ship F GST                          | Tel: Nature Type of          | Pin Of Bus f busin | siness: | emise   |          | Gæ          | ]                                     |            | (    | Re<br>Ee N | Mob               | ille: |     |     |      |      | ffice |             |  | al/S | Oth   | ners |
| Salaried Self Employed  Name of Company: City: City: STD Code: Email: Owned  No. of years in business/service  Type of company: Sole Proprietros  Date of Incorporation: D M M                                   | Othe           | ers     | N T ship F GST                          | Tel: Nature Type of          | Pin Of Bus f busin | siness: | emise   |          | Gæ          | ]                                     |            | (    | Re<br>Ee N | Mob               | ille: |     |     |      |      | ffice |             |  | al/S | Oth   | ners |
| Salaried Self Employed  Name of Company: City: STD Code: Email: Owned  No. of years in business/service  Type of company: Sole Proprietros  Date of Incorporation: DD MM  Industry Type: Mfg. Trading            | Othe           | ers     | N T T T T T T T T T T T T T T T T T T T | Tel: Nature Type of No.      | Pin of Busin Pri   | siness: |         | :        | Ga          | l l l l l l l l l l l l l l l l l l l | any        | Stat | Re         | Mob<br>tail<br>HU | ille: |     |     | SU   | Of   | ffice | Go          | J. J |      | Oth   | ners |
| Salaried Self Employed  Name of Company: City: City: STD Code: Email: Owned  No. of years in business/service  Type of company: Sole Proprietros  Date of Incorporation: D M M                                   | Othe           | ers     | N T T T T T T T T T T T T T T T T T T T | Tel: Nature Type of Tirm No. | Pin of Busin Pri   | siness: |         | EASE :   | Ga          | l HER                                 | any E.     | Stat | Re         | Mob<br>tail<br>HU | ille: |     |     | SU   | Of   | ffice | Go          | N HE                                     |      | Oth M | ners |

| PERSONAL DETAILS - CO-APP                         | LICANT /      | GUARA        | NTOR/                       | POA HO   | LDER (       | (for N                | IRI)   |         |       |      |                   |
|---|---------------|--------------|-----------------------------|----------|--------------|-----------------------|--------|---------|-------|------|-------------------|
| Prefix First Name                                 |               | Middle Na    | те                          |          |              | Lasi                  | Name   |         |       |      |                   |
| Applicant Name:                                   |               |              |                             |          |              |                       |        | Щ       | _ _   | Щ    | Щ                 |
| Mother's Name:                                    |               |              |                             |          |              |                       |        |         |       |      | <u>l</u>          |
| Father/Spouse Name:                               |               |              |                             |          |              |                       |        |         |       |      | Ш                 |
| Name of authorised signatory:                     |               |              |                             |          |              |                       |        |         |       |      |                   |
| Date of Birth/Date of Incorporation/Registration: | MYYY          | Y Nationa    |                             |          | _            |                       |        |         |       |      | _                 |
| Gender: Male Female Transgender Mar               | tal Status:   | Married      | Single                      | e Oth    | ers          |                       |        |         |       |      |                   |
| Category: Gen SC ST OBC Min                       | nority        | Others       |                             |          |              |                       |        |         |       |      |                   |
| Location: Rural Semi Urban Urban Me               | tro           | Others       |                             |          |              |                       | PHC    | TOGE    | RAPH  |      |                   |
| Residential Status: Resident NRI Number           | of dependent  | s:           |                             |          |              |                       |        | WITH    |       |      |                   |
| Education: Under Graduate Graduate Post-Gr        | aduate        | Profession   | Others                      |          |              |                       | SIC    | SNATU   | JRE   |      |                   |
| Aadhar No.: * * * * * * * PAN.:                   |               |              |                             |          |              |                       |        |         |       |      |                   |
| MSME/UDYAM Reg No.:                               |               |              |                             |          |              |                       |        |         |       |      |                   |
| Driving Lic No.                                   |               |              |                             |          |              |                       |        |         |       |      |                   |
| Voter ID Card No.: Passport No.                   | o.:           |              |                             | Exp.     |              |                       |        |         |       |      |                   |
|   |               |              |                             |          | <br> -<br> - |                       |        |         |       |      |                   |
| Residence Address / Registered Office Address:    |               |              |                             |          |              |                       |        |         | _ _   | H    | $\mathbb{H}$      |
|   |               |              | State -                     |          |              |                       |        |         |       |      |                   |
| City PIN  |               |              | State                       |          | _ <br>       |                       |        |         |       |      |                   |
| STD Code: Tel:                                    |               |              |                             | Mob      | ile: [][     |                       |        |         | _     | Ш    | Ш                 |
| Email:  |               |              |                             |          |              |                       |        |         | _ _   |      | Н                 |
| Permanent Address/Corporate Office Address:       |               |              |                             |          |              | $=$ $\vdash$ $\vdash$ |        |         | _ _   | Н    | H                 |
|   |               |              | Ctata                       |          |              |                       |        | ]  <br> |       |      |                   |
| City PIN  |               |              | State                       |          |              |                       |        |         |       |      |                   |
| STD Code: Tel:                                    |               |              |                             | Mob      | ile: [][     |                       |        |         | _ _   |      |                   |
| Email:  |               |              |                             |          |              |                       |        |         |       |      |                   |
| Are you staying together                          |               | Relations    | hip with app                | plicant  |              |                       |        |         |       |      |                   |
| OCCUPATION DE                                     | AILS - CO     | -APPLICAN    | IT/GUAR                     | ANTOR    |              |                       |        |         |       |      |                   |
| Salaried Self Employed Others                     |               |              |                             | (Retier  | ed/Hous      | sewife                | /Profe | essior  | nal/S | tude | ent)              |
| Name of Company:                                  |               |              |                             |          |              |                       |        |         |       |      |                   |
| Office Address:                                   |               |              |                             |          |              |                       |        |         |       |      |                   |
|   |               |              |                             |          |              |                       |        |         |       |      |                   |
| City:   | Pin           |              |                             | State    |              |                       |        |         |       |      |                   |
| STD Code:   | Tel:          |              |                             | Mob      | ile:         |                       |        |         |       |      |                   |
| Email:  |               |              |                             |          |              |                       |        |         |       |      |                   |
| Office Address status: Owned Rented               | Nature of Bus | siness:      |                             |          |              |                       |        |         |       |      |                   |
|   | · —           | ess premise: |                             | Retail   |              |                       | Office |         | Ц     | Oth  |                   |
| Type of company: Sole Proprietroship Partnership  | Firm Pri      | vate Ltd     | Ltd Comp                    | any   HL | IF           | PSU                   |        | Govt.   |       | M    | INC               |
| Date of Incorporation: DD MM YYYY GST             | No.           |              |                             |          |              |                       |        |         |       |      |                   |
| Industry Type: Mfg. Trading Service               | Others        |              |                             |          |              |                       |        |         |       |      | _                 |
| BANK DETAIL                                       | .S - APPLIC   | CANT / CO-   | APPLICA                     | ANT      |              |                       |        |         |       |      |                   |
| Name of Bank:                                     |               |              |                             |          |              |                       |        |         |       |      |                   |
| Branch Name:                                      |               |              |                             |          |              |                       |        |         |       | ī    | ī                 |
| Account Type: Saving Current OD CO                | Acco          | unt Since    |                             |          |              |                       |        |         |       |      |                   |
| Account Number:                                   |               |              |                             |          |              |                       |        |         |       |      | $\overline{\Box}$ |
| Account Holder Name:                              |               |              |                             |          |              |                       |        |         |       |      | $\Pi$             |
|   |               |              |                             |          |              |                       |        |         |       |      |                   |
| PLEASE SIGN HERE PLEASE SIGN HERE                 |               |              |                             |          |              |                       |        |         |       |      |                   |
| Signature Borrower Signature Co-Borrow            | <br>er        |              | ASE SIGN HER                |          |              |                       | LEASE  |         |       | r    |                   |
| Signature Borrower Signature Co-Borrow            | er            |              | ASE SIGN HER<br>ure Co-Borr |          |              |                       | nature | Guar    | anto  |      |                   |

| BANK DETAILS - CO-APPL   | ICANT / GUARANTOR                         |
|--|---|
| Name of Bank:  Branch Name:  Account Type:  Saving  Current  OD  CC  Account  Account Number:  Account Holder Name:  Are you running with any others loan  Yes  No  If yes the | t Since                                   |
| EXITING RELATIONSHIP WITH IFF  | CO KISAN FINANCE LIMITED                  |
| Tractor UCV LAP Any other please sp  | ecify                                     |
| NON-REFUNDABLE PROC  | ESSING FEE DETAILS                        |
| Chq./DD No.: Chq./DD Date DD M Bank & Branch Name  | M Y Y Y Y Amount in Rs.                   |
| REFEREN  | ICES                                      |
| Name Address City Pin State Tel.   | Name Address City Pin State STD Code Tel. |
| Mobile Mobile  | Mobile Mobile                             |
| Relation with Applicant  | Relation with Applicant                   |

#### Section 1 and Section 2

I hereby, authorize IFFCO Kisan Finance Ltd, to pay the premium on my behalf, for insurance, deduct the premium from disbursement, which is included in my loan amount from the IFFCO Kisan Finance Ltd and recover from me in Installments.

Declaration: I hereby declare that the above statements are true & complete in all respect and that there is no other information, which is relevant to my application for loan and bundled product(s), if any, has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between Me, Life Insurance and General Insurance Companies (which ever opted) and I agree to accept the policy subject to the condition prescribed by the Insurance provider. I am fully aware that the acceptance of Life insurance cover and the requirement of additional premium (if any), shall be subject to assessment and acceptance of risk by the insurance provider. IFFCO Kisan Finance Limited shall not be liable for non-issuance of policy by the insurance provider under any circumstances.

Followings are the various type of insurance details with name of companies: -

| TYPE OF INSURANCE             | NAME OF INSURANCE COMPANY |
|-------------------------------|---------------------------|
| Property Insurance            |                           |
| Personal Accidental Insurance |                           |
| Loan Cover                    |                           |

### TERMS AND CONDITIONS

- 1. This application Form shall not be construed to imply automatic approval of your loan/facility by ("IFFCO KISAN FINANCE LIMITED").
- 2. The Loan facility shall be disbursed by the Company to the applicant/s and/or such other person as instructed by the applicant and the amount disbursed by the Company to such person shall be valid binding and effectual discharge from the applicant's
- 3. Payment of non-refundable processing fee is a pre-requisite together with this loan application form.
- 4. Wherever **PAN** is not available, form 60 to be provided.
- 5. The Terms and Conditions mentioned above are an indicative list of terms and conditions of our loan products. These Terms and Conditions are further described in other financing documents ((Loan, Agreements, Most Important Terms and Condition, other loan documents) under relevant sections / schedules and therefore should be read in conjunction with such financing documents.

### **UNDERTAKING / DECLARATION**

- 1. This application is not for citizens, residents, persons or entities accessing from the European Union and no services shall be provided to any person or entity in the European Union.
- I/We understand that Loan Against Property Loan will not be provided to NRI customers.
- 3. I/We declare that all the details furnished in this application form are true, correct and up-to-date in all respects and that I/We have not withheld any information whatsoever. I / We undertake to Inform IFFCO KISAN FINANCE LIMITED ("The Company") of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I /we am / are aware that I may be held liable for it.
- 4. I/ We am / are aware of the Fair Practices Code and Policy for determination of Interest Rates, Processing and other charges adopted by the Company which are placed on the Company's website. <a href="https://www.kisanfinance.com">www.kisanfinance.com</a>
- 5. I/We hereby confirm that no insolvency proceeding or suits for recovery of outstanding dues or monies whatsoever or for attachment of my/ our assets or properties, and/ or any criminal proceedings have been initiated and/ or are pending against me/ us and that I/We have never been adjudicated insolvent by any court or other authority nor has any receiver, administrator, administrative receiver, trustees or similar officer been appointed for my/our assets.
- 6. I/We understand and acknowledge that the Company shall have the absolute discretion, without assigning any reasons (unless required by applicable law), to reject my/ our application and that the Company shall not be responsible/liable in any manner whatsoever to me/us for such rejection or any delay in notifying me/us of such rejection and any costs, losses, damages or expenses, or other consequence caused by reason of such rejection, or any delay in notifying me/us of such rejection of our application.
- 7. I/We understand and am aware that the charges paid to the Company towards out of pocket expenses and / or log-in / processing fees are non-refundable to me / us and upon the application being withdrawn by us or being rejected by the Company for any reason whatsoever, we will not be entitled for refund either in part or in full.

- 8. I/We hereby confirm and duly undertake that the loan is being taken for purpose as stated in the application. I/We also confirm that I/We shall not use the loan for any improper/illegal or unlawful purpose/ activities.
- 9. If We hereby consent to the Company to carry out the KYC and other requisite checks by such processes as may be permissible under law including verification of documents or details submitted for KYC purpose, accessing and procuring data from databases maintained by statutory or other authorities constituted by law, for the purpose of granting the Loan Facility referred in this form.
- 10. I/ We expressly authorise/consent to the Company, its group companies and other companies within the group companies. its various service providers or agents, to contact me / us, through e-mails, telephones, messages, SMS, or other applications or otherwise even if my / our names appear in the Do Not Call or Do Not Disturb Register to inform me / us about the marketing schemes, promotional schemes, various financial and other products and/or offerings of other services, loyalty programs or any other aspect offered by them. 1 / We agree to the use of e-mails, messages, SMS, and/or other applications for communication or sharing of information or documents, agree to abide by the terms and conditions of such applications and agree to the risks associated with such applications or sharing of information through them. I / We agree that this consent shall continue to be valid even if the loan applied for has been rejected or closed.
- 11. [Me authorize the Company and all its group companies, their agents and service providers to exchange, share or part with all the information and details (including personal sensitive data or information and any information that requires a consent under the Information Technology Act, 2008 and/or any other statute) relating to my/our existing loans and/or repayment history to other group companies. bank, financial institutions, credit bureaus, information utilities, agencies, statutory bodies etc. as may be required or as they may deem fit and shall not hold the Company or any of its group companies or its agent/representatives liable for use/sharing of this information.
- 12. I/ We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/Email address.
- 13. More particularly, I/ We hereby consent to the Company updating/furnishing my/our KYC data on the Centralised KYC Registry (CKYCR) or such other database or repository as may be prescribed from time to time as also access, download and procure data therefrom and rely upon the same for the purpose of KYC checks and it shall be my/our responsibility to ensure that the data is correct and updated and to immediately intimate in writing in case of any changes to the data. The Company may also verify the data in such manner as it deems fit and seek additional information or perform enhanced due diligence. I consent to receive information/intimation from the Company/CKYCR through SMS/Email on the above registered number/Email address notwithstanding my/our names and / or numbers appearing in the Do Not Call or Do Not Disturb registry.
- 14. I/We hereby provide our consent to the Company to obtain and / or submit my / our information from / to Credit Information Company and/or information utility and/or such institution set up under the provisions of law from time to time, as and when required.
- 15. The Company /its Group Companies reserve the right to retain the photographs and documents submitted with the application and will not return the same to me / us.
- 16. I/We hereby expressly authorize IKFL group companies offering others products to send me / us communications regarding products/insurance through any of the modes of communication referred above.
  - I/ We do not want to receive any communication regarding products/Insurance.
- 17. I/We hereby declare that I/We have understood and read the terms & conditions given above.
- 18. I/we further declared that the contents of the form as well as the terms and conditions contained therein have been read over to me/us in vernacular language and I/we fully understood the same.
- 19. IKFL is not responsible for any kind of compensation if customer not collecting property documents from IKFL office/branch within 30 days of loan closure.

More particularly, I/ We hereby consent to the Company updating/furnishing my/our KYC data on the Centralised KYC Registry (CKYCR) or such other database or repository as may be prescribed from time to time as also access, download and procure data therefrom and rely upon the same for the purpose of KYC checks and it shall be my/our responsibility to ensure that the data is correct and updated and to immediately intimate in writing in case of any changes to the data. The Company may also verify the data in such manner as it deems fit and seek additional information or perform enhanced due diligence. I consent to receive information/intimation from the Company/CKYCR through SMS/Email on the above registered number/Email address notwithstanding my/our names and / or numbers appearing in the Do Not Call or Do Not Disturb registry.

| appearing in the Do Not Call or Do Not Distu<br>Relationship (Details of relationship of applica |   | or officer/relative of director or senior officer of the company              |   |
|--|---|---|---|
| Yes No   |   |   |   |
| If Yes, nature of relationship   |   |   |   |
| Do not Sign This Form if it is Blan  | k. Please Ensure all relevant sections ar | nd documents are completely filled to your s                                  | atisfaction and then only sign the form |
| PLEASE SIGN HERE Signature Borrower  | PLEASE SIGN HERE Signature Co-Borrower    | PLEASE SIGN HERE Signature Co-Borrower  | PLEASE SIGN HERE Signature Guarantor    |
| Name:  | Name:                                     | Name:   | Name:                                   |
|  | CHANN                                     | NEL DETAILS   |   |
| Location: DSA/DST/Channel Name: Referrer/Connector Name: LAP                                     | LAP TOP-UP LAF                            | Branch: DSA/DST/Chanr DSA/DST/Chanr DSA/DST/Chanr DSA/DST/Chanr DSA/DST/Chanr |   |
|  |   |   |   |
|  |   | 1   |   |

DSA/DST/Channel Signature

DSA/DST/Channel Stamp

## **ANNEXURE I**

## **Regional Nodal Officer Details:**

| S.No. | State   | Name                         | Address, Contact No. & Email ID  |
|-------|---|------------------------------|--|
|       |   | Mr. Vimal Kumar<br>Solanki   | IFFCO Kisan Finance Limited, A-1, Shop No- 610, 6th Floor,<br>Urbanac Business Park, Vibhuti Khand, Gomti Nagar,<br>Lucknow, Uttar Pradesh - 226010<br>Contact No. 9415479351<br>Email ID: <u>vimalkumar.solanki@kisanfinance.com</u>          |
| 1.    | Uttar Pradesh   | Mr. Manish Jain              | Deepak Wasan Plaza, 2nd floor, Sanjay Place<br>Agra, Uttar Pradesh- 282002<br>Contact No 8765956499<br>Email ID - <u>manish.jain@kisanfinance.com</u>  |
| 2.    | Bihar   | Mr. Akash Kumar<br>Singh     | IFFCO Kisan Finance Limited, 103, OP Complex, Kurji,<br>Near Lyola High School, Patna, Bihar - 800010<br>Contact No. 9570317111<br>Email ID: <u>akashkumar.singh@kisanfinance.com</u>  |
| 3.    | Madhya Pradesh  | Mr. Arpit Agarwal            | IFFCO Kisan Finance Limited, 404, Princes Business Skyline,<br>Scheme No. 54, A.B. Road, Indore,<br>Madhya Pradesh – 452010<br>Contact No. 9926043677<br>Email: arpit.agarwal@kisanfinance.com   |
| 4.    | Chhattisgarh  | Mr. Arpit Agarwal            | IFFCO Kisan Finance Limited, 224, Second Floor, Chandra Complex, Beside Hotel Kingsway Under Express Highway, Ring Road no.1, Telibandha, Raipur, Chhattisgarh – 492001 Contact No. 9926043677 Email: arpit.agarwal@kisanfinance.com           |
| 5.    | Rajasthan   | Mr. Narendra<br>Moolchandani | IFFCO Kisan Finance Limited, 702,703,704, Okay Plus<br>Building, Metro Tower, Opp Pillar No 94, Near Vivek Vihar<br>Metro Station, Sodala, Jaipur, Rajasthan-302019<br>Contact No. 9829042977<br>Email: narendra.moolchandani@kisanfinance.com |
| 6.    | Andhra Pradesh  | Mr. Mendu Ravi<br>Babu       | IFFCO Kisan Finance Limited, D. No. 73-1-10/1, The Coworking Spaces, 4th Floor, Patamata Main Road, Opp. Durga Mahal, Vijayawada, Andhra Pradesh - 520010 Contact No. 8978855663 Email: mendu.ravibabu@kisanfinance.com                        |
| 7.    | Telangana   | Mr. Mendu Ravi<br>Babu       | IFFCO Kisan Finance Limited, 4th Floor, Vasavi MPM Grand, Ameerpet, Yella Reddy Guda, Hyderabad, Telangana - 500073 Contact No. 8978855663 Email: mendu.ravibabu@kisanfinance.com  |
| 8.    | Haryana<br>Himachal Pradesh<br>Punjab<br>Uttar Pradesh<br>Uttarakhand | Mr Ajay Pal                  | IFFCO Kisan Finance Limited, B.S. Nakai Bhawan, IFFCO Building, Plot no. 2 (B & C), Sector 28 A, Madhya Marg, Chandigarh, Haryana- 160001 Contact No. 7087434123 Email: ajay.pal@kisanfinance.com  |

### **ACKNOWLEDGMENT**

- Application forms complete in all respects will be processed within 90 days from the receipt of Application Form.
- Wherever ay additional information/documents is required to process the application form, the same shall be intimated to the customer by relationship officer/Manager.
- The Rates of interest will be different for different categories of borrower based on the individual credit and risk profile.
- Originated and serviced by IFFCO Kisan Finance Limited. All Loans at the sole discretion of IFFCO Kisan Finance Limited.
- Do not sign this form if its blank. Please ensure all relevant sections and documents are completely filled to your satisfaction and then only sign the form.

## Application No. IKFL

| Received at | <br> |
|-------------|------|
| Date:       | <br> |



**CORPORATE OFFICE:** 3rd Floor, IFFCO Tower-1, Plot No. 3, Sector-29, Gurugram-122001, Haryana **REGISTERED OFFICE:** IFFCO Sadan, C-1, District Centre, Saket Place, New Delhi-110017