1Pgs.1-15

'VASAI JANATA SAHAKARI BANK LTD., VASAI BHAGWAT WADA, PARNAKA, VASAI. DIST. THANE- 401 201.

APPLICATION FOR RETAIL LOAN

Application Date:	Received Date:			
Application No.:				
The General Manager The Vasai Janata Sahakari E Vasai	ank Ltd.			
Dear Sir,				
I/We apply for the following	g credit facility/ies with your bank	and request for consid	eration of the same-	
Type of loan applied	: A> Housing / House C> Education (Annex E> Personal Loan	repairs (Annex.A) B> k.C) D>	Vehicle (Annex.B) Consumption (Annex.D)	
(Details annexed) Amount requested Period requested Affordable Installment	: Rs months. : Rs EMI	photo		
Purpose of application Proof of purpose	- -			
Provision for margin, if any	-			
	- Salary deduction / Salary A/c CA/OD/CC A/c with the bank / P		from	
Applicant Details:-	(Customer No)		
Name of the applicant	: Mr. / Mrs. / Ms / M/s			
	- (Attach proof of address) f the following- Latest Society M ITNL/BSNL Telephone Bill; Pass			
Telephone No.	Mobile No	Email ID		
Type of Occupation Nature of occupation	- Business / Profession			
Sector belonging to		/ PVT./PUBLIC LTD.		
Office/Factory Address	` *	f of address in case own Not mortgaged]; Lease	· ·	
	Mobile No			
Date of Birth:	Age: yrs. Expe	rience in yrs.		
Date of joining (latest)	Expe	cted date of Retiremen	t	
Educational Qualifications				

Experience details	- (starting latest)					
Business/Employer Name	Line of activity	Department	Period in yrs.	Designation		

Income p.m./p.a.	- Rs	 PA No	

Income tax paid

Assessment year	Tax type Advance/TDS/ Self Assess.	Tax paid date	Tax paid	Amt.	Date of filing returns

Documents relating to income $\mbox{P/L}\mbox{ A/c}$ / $\mbox{Income/Expenditure}\mbox{ A/c}$; $\mbox{Balance Sheet}$; $\mbox{Computation}$

of income ;Income Tax Returns ; Bank Pass Book ; Income

Declaration; Salary Slip

Total members in the family

No. of dependents Children ____ Adults ____

Insurance Details

Insurance type	Name of the insurance Co.	Type of plan	Policy date	Due/Maturity date	Insured Amount
Life					
Medical					
Accident					

Details on savings

Type of Investments	NSCs /KVPs	PPF	Life Insurance	Bank Fixed Deposits	Others (Specify)
Amount (Rs.)					

Details of bank account/s with us: (Statement/s / pass book/s copies for last 12 months to be attached)

Branch name	Account No. & Type	Account since	Balance as on date

Details of Bank A/c's with other banks - (Statement/s / pass book/s copies for last 12 months to be attached)

Bank Name	Branch	A/c No.	Open Date	Balance Amt.

Loans availed from our bank

Particulars	A/c No.	Loan Type	Loan Date	Loan Amt.
Existing/Ongoing				
Earlier/Previous				

r	C -	- 41 -	1 1
Loans	from	otner	banks

- (statements of all live loans)

Particulars	A/c No.	Loan Type	Loan Date	Loan Amt.
Existing/Ongoing				
Earlier/Previous				

Asset / Liability Position-

Assets		Amt.(Rs.)	Li	abilities	Amt.(Rs.)
Particulars	Purchase Value	Approx. Mkt.Value	Particulars	Purpose	Outstanding Amount
Ownership Property-Flat/ Plot/Bungalow/Shop/Office i) ii) iii) iv) v)			Our Bank		
Vehicle (consol. value)			Other Banks		
Computer			FIs/NBFCs		
Other Assets-			Credit Society		
			Indir.Liab as Surety		
Investments					
Total Assets			Total Liabilities		

	Liabilities
Net worth of the applicant- Rs	
	/
	Signature of of Applicant / Co-applicant

Co-Applicant Detail	s:-	(Customer No)						
Name of the Co-appli	cant	:				photo		
(Latest copies of any Receipt; Electricity Bil Rented; Parental)	two of l; MTN	the follo L/BSNL	wing- Late Telephone B		(Owne	d- Mortgag	ged/Not mortş	
Telephone No		Mobile	No	Emai	il ID _			
Type of Occupation		- E	Business / P	rofession / Servi	ce			
Nature of occupation		-						
Sector belonging to				/ GOVT. / PVT./ pecify)				
Office/Factory Addre Leased; Employment	t)	·	_	of of address) (Ov				d];
Telephone No		Mobile 1	No	Email	1 ID			
Date of Birth:		_ Age: years. Experience in years						
Qualification/s						-		
Date of joining (latest	.)	Expected date of Retirement						_
Experience details		-						
Business/Employer	Name	Line of activity		Department	Period	l in years.	Designati	on
Income p.m./p.a.		- Rs		Income tax PA	N			
Income tax paid		-						
Assessment year Advar		Tax type ance/TDS/Self Assess		Tax paid o	date	Tax pa	id Amt.(Rs.)	

 $P/L\ A/c\ /\ I/E\ A/c\ ;$ Balance Sheet ; Income Tax Returns ; Bank Pass Book ; Income Declaration ; Salary Slip

Documents relating to income

Insurance type	Name of the insurance Co.	Type of plan	Policy date	Due/Maturity date	Insured Amount
Life					
Medical					
Accident					

Details of Accounts with other banks- (Statement/s / pass book/s copies to be attached)

Bank Name	Branch	A/c No.	Open Date	Balance Amt.

Loans availed from our bank

Particulars	A/c No.	Loan Type	Loan Date	Loan Amt.
Existing/Ongoing				
Earlier/Previous				

Loans from other banks

(Copies of loan statements to be submitted)

Particulars	A/c No.	Loan Type	Loan Date	Loan Amt.
Existing/Ongoing				
Earlier/Previous				

Asset/Liability Position-

Assets		Amt.(Rs.)	Liabilities Amt.(I		Amt.(Rs.)
Particulars	Purchase Value	Approx. Market Value	Particulars	Purpose	Outstanding Amount
Ownership Property-Flat/Plot/Bungalow/Shop/Office:- 1. 2. 3. 4. 5.			Our Bank		
Vehicle (consolidated val.)			Other Banks		
Computer			FIs/NBFCs		
			Credit Society		
Other Assets-			Others (Specify)		
			Indir.Liab as Surety		
Investments					
Total Assets			Total Liabilities		
Net Worth :					
Date of application- /	/ 20	Signature of	Co-applicant _		
Place of application-		Name of Co	-applicant		
I/We hereby declare that the to abide by the rules/regulation					
Applicant:			Co-Applica	nt:	

Surety 1 Details:- (Cu	ıstomer No)	photo
Name of the Surety Mr. / Mrs. / Ms / M/s			
(Latest copies of any two of Bill/Receipt; Electricity Bill Rented / Parental)	ll; MTNL/BSNL Telepho	of of address) ociety Maintenance Bill/Rece one Bill; Passport) (Owned- N	
Telephone No	Mobile No	Email ID	-
Date of Birth	:	PA No	
Occupation	: Business / Pr	rofession / Service	
Office/Factory Address		of of address in case of busines ortgaged/Not mortgaged / Leas	
Telephone No	Mobile No	Email ID	
Date of joining (latest): _	//20 Likel	y Date of retirement:	//20
Salary drawn p.m. (In case of salaried individu	: Rs nals)	CTC p.a. : I	Rs
Gross Annual Income (In case of business/profess	: Rs ion)	Net Annual Incom	ne: Rs
		ne viz., Last 3 yrs. Financials cable are required to be subm	
Details of bank account/s	: (Statement/s	/ pass book/s copies to be atta	ached)
Name of the bank	Branch name	Account No. & Type	Account since

Details of loans & liabilities, if any-

Particulars	Bank Name	Loan No. &Type	Loan Date	Loan Amt.
Existing/Ongoing				
Earlier/Previous				

Asset/Liability Position-

Amt.(Rs.) Outstanding Amount		Liabilities			Amt.(Rs.)	Assets	
		ose	Purp	Particulars	Approx. Market Value	Purchase Value	Particulars
				Our Bank			Ownership Property- Flat/Plot/Bungalow /Shop/Office
				Other Banks			Vehicle
				FIs/NBFCs			Computer
				Credit Society			Other Assets-
				Others (Specify)			
				Indir.Liab as Surety			
							Investments
				Total Liabilities			Total Assets
				Total Liabilities			Total Assets Net Worth :

•			ove statements and information provided by me/us are true & correct. I/We agrees/bye-laws of the bank which are in force or which may hereinafter apply.
Date -	/	/20	Signature of Surety 1 :
Place -			Name of Surety 1 :

Surety 2 Details:-	(Cus	stomer No)		photo	
Name of the Surety Mr. / Mrs. / Ms / M/s	:						
Latest copies of any ty; Electricity Bill; MTN Parental)	vo of NL/BS		atest Society Ill; Passpor	y Maintenar t) (Owned-	Mortgaged/Not m	Municipal Tax Bill/ Reco	
Telephone No		Mobile No		E	Email ID		
Date of Birth		: <u> </u>		PA No.			
Occupation		: Busin	ess / Profes	sion / Servi	ce		
Office/Factory Address : (Attach proof of address in case of business/profession) (Owned- Mortgaged/Not mortgaged / Leased / Employed)							
Telephone No		Mobile No		E	Email ID		
Date of joining (latest)		:/	/20Li	kely D ate o	f retirement :		
Salary drawn p.m. (In case of salaried ind	ividua			СТС	C p.a. :	Rs	
Gross Annual Income (In case of business/pro	ofessio			Net	Annual Income:	Rs	
computation or Latest	3 mth	s. Salary slips as a	applicable a	re required	to be submitted)	IT returns, schedules ar	
Details of bank accoun	t/s	: (State	ment/s / pa	ss book/s co	opies to be attached	d)	
Name of the bank		Branch name		Account No. & Type		Account since	
Details of loans & liab	ilities,	, if any-					
Particulars		Bank Name	Loan No	. &Type	Loan Date	Loan Amt.	
Existing/Ongoing							

Earlier/Previous

Asset/Liability Position-

Assets		Amt.(Rs.)	Liabilities	Amt.(Rs.)		
Particulars	Purchase Value	Approx. Market Value	Particulars	Purpose	Outstanding Amount	
Ownership Property- Flat/Plot/Bungalow/ Shop/Office			Our Bank			
Vehicle			Other Banks			
Computer			FIs/NBFCs			
Other Assets-			Credit Society			
			Others (Specify)			
			Indirect Liab as Surety			
Investments						
Total Assets			Total Liabilities			

Net Worth	• –		
	•		e above statements and information provided by me/us are true & correct. I/We agree tions/bye-laws of the bank which are in force or which may hereinafter apply.
Date -	/	/20	Signature of Surety 2 :
Dlago			Nome of Curaty 2