

Form No.:

PERSONAL DETAILS

Name:

Residential Address:

Landmark: PIN:

City: State:

Phone: - Mobile:

Status: Resident Indian National NRI Foreign National Please mention country of Residence for NRI/Foreign National

Email:

DOB: PAN: Gender: Male Female Other

Religion SC ST OBC Minority Others Marital Status: Married Single

FINANCIAL/WORK STATUS

Net Monthly Income: 0-5K 5-10K 10-15 K 15-25 K 25-50 K 50-1L 1L-2L >2L

IndusInd Bank A/c No. or Customer ID: Other Bank Name:

IFSC Code: (Only for other Bank) A/c No.: (Only for other Bank)

Salaried: Govt Pvt Ltd Public Ltd Contract/Wage Others

Self Employed: Pvt Ltd Partnership Sole Prop Home Biz Trader

Mfg Service Agri Others

Designation:

Off Address:

Landmark:

City:

Off Phone: Extn.:

Photograph with signature across

LOAN DETAILS

Loan Requested: Disbursement: IndusInd Bank A/c RTGS/NEFT Cash/DD Mailing Add.: R O

Interest Mode: Front End Monthly I authorise the bank to debit Interest from above IndusInd Bank A/c ECS

Purpose: Agri Business Medical Education Home Renovation Repay Informal Sector Loan

Agri: Acres at: For
(Please provide survey no/land address) (Please provide details of work)

Business:
(Please describe nature of business activity)

No. of Employees: Industry: Credit Facilities: Investment in P&M:

Education:
(Please provide name of Institution, fees and nature of course)

Repay Loan:
(Please provide loan amount, lender name and ROI of the loan being repaid)

INSURANCE

Would you like to avail Insurance: Yes No Scheme:

Premium Amt: Sum Assured:

Nominee:

Relationship with Nominee:

I declare that the Bank has disclosed to me/us the referral fee of _____% payable to them for policy recommended.

Are you a Director/Senior Officer or related to a Director/Senior Officer of IndusInd Bank or any bank	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Director of Subsidiaries/Trustee of Mutual Funds/Venture Capital Fund setup by a bank	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you Politically Exposed person or relative of Politically Exposed person	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consent to accept marketing messages from the Bank on phone/SMS/Email	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We agree to allow the valuer to check the Gold. I/We confirm that I/we are not related to the valuer or have been referred by the valuer to the Bank	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby confirm I am the owner of the Gold and indemnify the Bank against any claim on the Gold from any other person or entity. I hereby confirm and declare that all particulars/information given herein above are true and complete and no material information has been suppressed/withheld. I acknowledge that IndusInd Bank Limited ("the Bank") shall have no liability for any consequences arising out of any erroneous details provided by me for which I shall be solely liable. I authorise the Bank to carry out such credit checks and at such time as it may deem necessary. The Bank may sanction at its sole discretion, loan(s) of such amount as the Bank may deem fit ("Loan") for such purpose as set out by me herein above. The quantum of the loan advanced to me shall be dependent on the internal policies of the Bank from time to time. The amount of the loan will be conveyed to me by and under sanction letter(s) issued by the Bank. I agree to abide by the terms and conditions of the sanction letter. I confirm the loan will be used for the stated purpose and will not be used for speculative purpose, anti-social purpose or purchase of equity oriented products or Gold/Gold ETF.

Date:

Place:

Borrower(s) Signature

I/We _____ name(s) hereby authorise and appoint, in the event of my/our death, one of my/our relative/representative mentioned below to repay the loan outstanding and receive the Gold ornaments/jewellery for and on behalf of all my/our legal heirs and hereby agree and confirm that the Bank is hereby empowered to handover and deliver the Gold ornaments/jewellery as described in the borrower receipt/take delivery letter, to the following my/our relative/representative, upon repayment of total dues in full. The Bank shall be discharged on delivery of Gold ornaments/jewellery to the following my/our representative. This authority is given with an intention of hassle-free settlement of loan account and receive back the delivery of Gold ornaments/jewellery from the Bank. This Authority shall come into force and shall be valid only on my/our death.

Name & address of the representative:

Relationship with borrower(s): Age:

Date:

Place:

Borrower(s) Signature

Witness Signature

I/We confirm that Gold has been taken back by me/us in the same quantity and condition as the loan has not been availed.

Date:

Place:

Borrower(s) Signature

BANK USE ONLY

Sourcing Branch:

FB Branch:

FOS Code:

IBLC Code:

SM Code:

GLO Code:

Borrower

Co-borrower Form