

**HDFC BANK**

We understand your world

Application Form

Working Capital Facilities - MSE's

FOR OFFICE USE ONLYApplication Form No.

Date of Application

Promo Code

Reference No.

Sourcing Channel	Branch <input type="checkbox"/>	ME <input type="checkbox"/>	DSA <input type="checkbox"/>	PBK <input type="checkbox"/>	Open Market <input type="checkbox"/>
	SCM <input type="checkbox"/>	Web <input type="checkbox"/>	X Sell <input type="checkbox"/>	Others <input type="checkbox"/>	
CRM Generated	Yes <input type="checkbox"/> No <input type="checkbox"/>	CRM No. <input type="text"/>	HBL Code <input type="text"/>	RM Code <input type="text"/>	
Biz Segment	BBG <input type="checkbox"/>	EEG <input type="checkbox"/>	SAB <input type="checkbox"/>		
Borrower Type	New to Bank <input type="checkbox"/>	Existing Liability Relation <input type="checkbox"/>	Existing Asset Relation <input type="checkbox"/>		
Cust ID/Account No.	<input type="text"/>	Relationship Vintage with HDFC Bank (months) <input type="text"/>			
Customer Category	HNW <input type="checkbox"/>	Preferred <input type="checkbox"/>	Imperia <input type="checkbox"/>	Classic <input type="checkbox"/>	Non Managed Customers <input type="checkbox"/> Normal <input type="checkbox"/>
Branch Code	<input type="text"/>	Branch Name <input type="text"/>	DSA Code: <input type="text"/>		

A. PRIMARY APPLICANT'S DETAILS

Name of the Enterprise	<input type="text"/>	FIRM CUST ID (Mandatory for existing customer)	<input type="text"/>
Address Type	Permanent <input type="checkbox"/> Registered <input type="checkbox"/> Head Office <input type="checkbox"/> Residence <input type="checkbox"/> Firm <input type="checkbox"/>		
Address1	<input type="text"/>		
Address2	<input type="text"/>		
City	<input type="text"/>	State <input type="text"/>	PIN CODE <input type="text"/>
Landmark	<input type="text"/>	Premises: Owned <input type="checkbox"/> Rented <input type="checkbox"/> Leased <input type="checkbox"/>	
Land Line No (Off.)	<input type="text"/>	Mailing Address: Yes <input type="checkbox"/> No <input type="checkbox"/>	
E-mail	<input type="text"/>	Mobile No. <input type="text"/>	
Register for Email Statement Frequency	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>		
Constitution	Sole Proprietors <input type="checkbox"/> Partnership <input type="checkbox"/> Public Ltd Co. <input type="checkbox"/>		
	Pvt Ltd Co. <input type="checkbox"/> HUF <input type="checkbox"/> Society <input type="checkbox"/> LLP <input type="checkbox"/> Trust <input type="checkbox"/>		
DOB / DOI	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PAN <input type="text"/>		
CIN	<input type="text"/>		
TIN	<input type="text"/>	If Partnership Firm Registered <input type="checkbox"/> Not Registered <input type="checkbox"/>	
Udyog Aadhaar No.	<input type="text"/>	GST Registration No. <input type="text"/>	
Line of Activity	Manufacturing <input type="checkbox"/> Trading <input type="checkbox"/> Retailer <input type="checkbox"/> Contractors <input type="checkbox"/> Exporting of Goods <input type="checkbox"/> Service <input type="checkbox"/>	Wether involved In <input type="checkbox"/> Export <input type="checkbox"/> Import <input type="checkbox"/>	
		IEC Code <input type="text"/>	
Original Value of Plant & Machinery / Equipment Rs.	<input type="text"/> Lacs	Value (Rs. Lakhs)	<input type="text"/>

Brief write up of Ent Auditors Name CA Registration No. CA Name DOB of CA **B. ADDRESS OF FACTORY/SHOP**Factory/Shop Address same as above YES ☐ NO ☐

Address1	<input type="text"/>		
Address2	<input type="text"/>		
City	<input type="text"/>	State <input type="text"/>	PIN CODE <input type="text"/>
Landmark	<input type="text"/>	Premises: Owned <input type="checkbox"/> Rented <input type="checkbox"/> Leased <input type="checkbox"/>	
Land Line No (Off.)	<input type="text"/>	Mailing Address: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mobile No.	<input type="text"/>		

FILL UP IN BOLCK LETTERS

PROMOTER-1

(Application Details)

Applicant Type

PROMOTER-1 (Application Details) Applicant Type	Authorised Signatory				Customer ID																																			
	Proprietor		Partner		Director		Karta		Co-parcener																															
	Grp Concern		Trustee		Guarantor		Co-Applicant																																	
Title	Mr.	Mrs.	M/s		Gender:		Male	Female	Others	Entity																														
First / Firm Name																																								
Middle Name																	Father's Name																							
Last Name																	or Spouse's Name																							
Customer Category	HNW		Preferred		Imperia		Classic		Non Managed Customers										Normal																					
Res Address	Same as Applicant Address				Same as Shop Address				Refer Below																															
Address Res.																																								
Address Res.																																								
City																	State																PIN CODE							
Landmark																	Mailing Address		Yes		No																			
Land Line No (Off.)																	Mobile No.																							
E-mail																									Consent to call		Yes		No											
DOB / DOI	DD		MM		YY		YY		PAN												GST Reg. No.																			
Voter ID																	Aadhaar / Udyog Aadhaar Card No.																							
Academic Qualification	Under Graduate		Graduate		Post Graduate		Professional		Others																															
Religion	Hindu		Muslim		Christian		Sikh		Parsi		Jain		Buddhist		Jew		Other																							
Cast	General		OBC		SC		ST												Years of experience in activity																					
DIN																	Share holding percentage																							
Constitution	Individual												Sole Proprietors												Partnership												Public Ltd Co.			
	Pvt Ltd Co.												HUF												Society												LLP		Trust	

PROMOTER-2

(Application Details)

Applicant Type

PROMOTER-2 (Application Details) Applicant Type	Authorised Signatory			Customer ID																		
	Proprietor		Partner	Director		Karta		Co-parcener														
	Grp Concern		Trustee		Guarantor		Co-Applicant															
Title	Mr.	Mrs.	M/s	Gender: Male		Female		Others		Entity												
First / Firm Name																						
Middle Name											Father's Name											
Last Name											or Spouse's Name											
Customer Category	HNW		Preferred		Imperia		Classic		Non Managed Customers				Normal									
Res Address	Same as Applicant Address				Same as Shop Address				Same as Promoter 1				Refer Below									
Address Res.																						
Address Res.																						
City						State							PIN CODE									
Landmark											Mailing Address		Yes		No							
Land Line No (Off.)											Mobile No.											
E-mail											Consent to call		Yes		No							
DOB / DOI	DD		MM		YY		YY		PAN							GST Reg. No.						
Voter ID						Aadhaar / Udyog Aadhaar Card No.																
Academic Qualification	Under Graduate		Graduate		Post Graduate		Professional		Others													
Religion	Hindu		Muslim		Christian		Sikh		Parsi		Jain		Buddhist		Jew		Other					
Cast	General		OBC		SC		ST		Years of experience in activity													
DIN											Share holding percentage											
Constitution	Individual		Sole Proprietors					Partnership					Public Ltd Co.									
	Pvt Ltd Co.		HUF					Society					LLP		Trust							
Capacity	Promoter		Collateral Owner					Other Guarantor														

FILL UP IN BOLD LETTERS

D. EXISTING FACILITY DETAILS

Take Over☐First Time Borrower☐

Facility	Tick	Limits (Lacs)	O/S (Lacs)	ROI/Comm.(%)	Tenor (months)	Security Type	Tick	Brief Property Address
CC						Residential		
OD						Commercial		
LC						Industrial		
BG						Land/Other		
TL						FD/Liquid Security		
EPC/FBD						Existing Bank		
Takeover A/C. No.						Takeover Bank Address		

E. MONTH-ON-MONTH SALES (in Lacs)

Months	2nd Last FY				Last FY				Current FY			
	Y	Y	-	Y	Y	Y	-	Y	Y	Y	-	Y
April												
May												
June												
July												
Aug												
Sep												
Oct												
Nov												
Dec												
Jan												
Feb												
Mar												

* 24 Months sales details to be filled.

I. PROPOSED SECURITY DETAILS

Sr No.	Prop Type (Refer Code)	Occ Type (Refer Code)	Value (In Lacs)	Fresh/ TO	Tick if B/s	Area (sq.ft)	Address
1							Add-1:
							Add-2:
Owner's Name							Landmark: P I N
							City:
							State:

Sr No.	Prop Type (Refer Code)	Occ Type (Refer Code)	Value (In Lacs)	Fresh/ TO	Tick if B/s	Area (sq.ft)	Address
2							Add-1:
							Add-2:
Owner's Name							Landmark: P I N
							City:
							State:

Prop Type CodeR-ResidentialC-CommercialI-IndustrialO-Other/LandF-FD/Liquid

Occupancy TypeV-VacantS-Self OccupiedA-<25% RentedB-25-50% RentedC-50-75%-RentedD->75% RentedE-Vacant due to Renovation Work

As per RBI guidelines banks are not to take collateral security for loans upto Rs. 10 Lacs to MSME units.* Please tick if partly in part of Balance Sheet.

J. REFERENCE

Reference Name

Reference Relation

Address TypePermanent☐Registered☐Head Office☐Residence☐Firm☐

Address1

Address2

CityStatePIN CODE

Landmark

Premises: Owned☐Rented☐Leased☐

Land Line No (Off.)

Mailing Address: Yes☐No☐

E-mail

Mobile No.

Promoter's Initials

FILL UP IN BOLCK LETTERS

FOR OFFICE USE ONLY

Most Important Terms and Conditions.

- * Borrower's facility / loan will be a Reference Rate Linked loan all interest and principal amount shall be repayable in the manner hereinafter provided, calculated and payable with monthly rests or quarterly rests or as stipulated by the Bank from time to time. In case of floating Interest Rates, the Interest Rate shall be subject to change every time the applicable Reference Rate/Spread is changed/reset by the Bank at its discretion. Provided however that in case of the regulations/guidelines of the RBI (as applicable from time to time), permitting a different reset frequency, then the reset by the Bank shall be subject to and be in accordance with such RBI regulations/guidelines. The Borrower hereby agrees that the Bank shall in its sole discretion have the right to change the Spread applicable to the applicable rate of interest, in the event the Borrower's credit assessment by the Bank undergoes a downward change as per the RBI guidelines and/or in the event of risk profile of the Borrower undergoes a negative change as per the RBI guidelines and/or in any other scenario as may be permitted under the RBI guidelines/ regulations and/or under Applicable Law from time to time. The Borrower hereby further agrees that the applicable interest rate shall change in accordance with every such change in the Spread. The change in the Interest Rate shall be binding on the Borrower and become effective on each date of such change in/reset by the Bank of the Reference Rate/Spread. The Borrower shall keep itself informed of such reset from time to time. The Reference Rate shall also be available on the official website of the Bank - website: www.hdfcbank.com.
The Borrower shall also pay and bear all interest tax and other taxes as may be applicable, if any. The interest will be compounded if not paid when due. Payment of interest / charges / upfront fees and commitment charges/ dues / obligation / impost / levies /applicable tax / duties / other charges shall be made by the borrower without any deduction / protest / delay. Interest and other charges shall be computed at the rate of 365 day per year
- * The commitment to the proposed facilities is contingent upon:
 - ☐ The absence of any material adverse change in the condition of the borrower and the borrower or its associate not having defaulted under any financial obligation to any Bank or institution.
 - ☐ Compliance by the Borrower of all laws and regulations, and prevalent from time to time and the Borrower having taken necessary approvals, permissions, registrations, licenses as may be required for running the business /creation of security
 - ☐ Guarantors not to issue any personal Guarantee for any other loans without prior written permission of HDFC Bank
 - ☐ Applicant should not have any account with other Banks/financial institutions divert any funds to any purpose and launch any new scheme of expansion without prior permission of HDFC Bank.
 - ☐ No Additional borrowing from any other Bank/FIs without HDFC Bank permission
 - ☐ There is no litigation pending against Borrower and Guarantors (s)
 - ☐ Borrower would not divert any funds to any other purpose or launch any other scheme of expansion /business without permission of the Bank.
 - ☐ The credit facilities are not available for investments in shares, debentures, to make advances by way of Inter-corporate loans/deposits to the companies (including subsidiary/associate companies)
- * The Bank has right to inspect the premises/stocks/book-debts statements and financial statements on a 24-hour notice. The Bank may appoint an agency to do the inspection. The Borrower shall submit the compliance / audited documents like Balance sheet / profit and loss account / quarterly results / Bank statement / statement of income or wealth and such other copies / document as may be required by the Bank. The Borrower shall not enter into changes / amendment / alteration / modification without a written permission from the Bank.
- * The borrower is liable to pay stamp duties, legal charges, valuation charges, inspection charges, stock audit charges or any other charges as applicable from time to time for continuation of the facility with the Bank. Processing fees are not refundable.
- The Bank will have the right to review its facilities in case of any change in the ownership of the Borrower's enterprise. The Borrower to immediately inform HDFC Bank with regard to changes in the shareholding pattern, if any.

Declaration:

I/We hereby certify/authorise that all information furnished by me/us is true, correct and complete; that I/We have no borrowing arrangements for the unit except is in the application; that there is no over dues/ statutory dues against me/us/promoters except as indicated in the application; that I/We have not been declared as defaulter/wilful defaulter by any Bank/FS and no Legal action has been taken/initiated against me/us by any Bank/FIs/I/We shall furnish all other information that may be required connection with my/our application that this may also be exchanged by you with an agency you may deem fit and you, your representatives or Reserve Bank of India or any other agency as authorised by you, may at any time, inspect/ verify my/our assessment of account etc. in our factory/business premises as given above; you may take appropriate safeguards/action for recovery of Bank's dues including publication of defaulters name in website/submission to RBI; further agree that my/our loan shall be governed by the rules of your Bank which may be in force from time to time.

PHOTOS:

Place:

Date:

Space for Photo

Space for Photo

Space for Photo

Space for Photo

Signature & Stamp

Authorised Signatory-1

Signature & Stamp

Authorised Signatory-2

Signature & Stamp

Authorised Signatory-3

Signature & Stamp

Authorised Signatory-4

ACKNOWLEDGMENT FOR APPLICATION FORM - WORKING CAPITAL FACILITIES-MSE's

Name of the Applicant

Application No.

Date of Application

Location

HDFC Bank Contact Person

Contact No.

Date of Receipt

Signature of Bank Official

DOCUMENT CHECKLIST

1. Proof of Identity : Voter card/Passport/Driving License/Pancard/Signature Identification from present bankers of proprietor/partner of director (if a Company).
2. Proof of residence : Recent telephone bills, Electricity bills, property tax receipt/passport/voter's id card of proprietor, partner of Director (if a company)
3. Proof of Business Address.
4. Applicant should not be defaulter in any Bank/F.I.
5. Last three years balance sheets of the units along with Income tax/Sales Tax, etc.(Applicaiton for all cases from 2 lakhs and above) However, for cases below fund based limits Rs. 25 lakhs if audited balance sheets are not available, then unaudited balance sheets are also acceptable as per exahnt instructions of the bank.
6. Memorandum and articles associates of the company/Partnership Deed of the partners, etc.
7. Assets and liabilities statement of promoters and guarantors along with latest income tax returns.
8. Rent Agreement (if Business premises on rent) and clearance from pollution control board if applicable.
9. SSI/MSME registration if applicable.
10. Projected balance sheets for the next two years in case of working capital limits and for the period of the loan in case of term loan(For all cases of Rs. 2 lakhs and Above.)
11. In case of takeover of advances, sanction letters of facilities being availed from existing bankers/financial institutions along with detailed terms and conditions.
12. Photocopies of lease deeds/title deeds/title deeds of all the properties being offered as primary and collateral securities.

For Cases With Exposure Above Rs. 25 Lakhs.

13. The audited balance sheets are necessary
 14. Profile of the unit (includes names of promoter, others directors in the company), the activity being undertaken address of all offices and plants shareholding pattern etc.
 15. Last three years balance sheets of the Associate/Group companies (if Any)
 16. Project report (for the proposed project if term funding is required) containing details of the machinery to be acquired from to be acquired price names of suppliers, financial details like capacity of machines, capacity of utilization assumed production, sales, projected profit and loss and balance sheet for the next 7 to 8 years till the proposed loan is to be paid the details of labour, staff to be hires basis of assumption of such financial details etc.
 17. Review of account containing month wise sales (quantity and value both), production (quantity and value) imported raw material I quantity and value), indigenous raw material (quality & Value), value of stock in process, finished goods (quantity and value), debtors, creditors, bank's outstanding for working capital limits, term loan limits, bills discounted.
 18. Manufacturing process if applicable, major profile of executive sin the company, any tie ups, details about raw material used and their suppliers, details about the buyers, details about major competitors and the company strength and weaknesses as compared to their competitions, etc.
- (The check list is only indicative an nor exhaustive and depending upon the local requirements at different places addition could be made as per (necessity)

Description of Charges

Interest Payment	Monthly rests, unless otherwise specified, interest is calculated on daily basis
Processing Fees	Upto 1% plus taxes of sanctioned facility (non refundable)
Renewal Fees	Upto 1% of facility Renewal amount
Additional Interest	Charged@18.00%p.a. on overdue/delay /defaults of any monies payable.
Commitment Charges	Charged@0.50% p.a. in the entire unutilized portion, if average utilization is less than 60% Charges will be levied quarterly Applicable for CC/OD facility
Pre-Payment Charges	Charged upto 4% of the total limits sanctioned in case the facilities are taken over by another Bank during the tenor of the loan for Term Loans it would charges on Principal Outstanding as on date.
Stamp Duty & other statutory charges	As per applicable laws of the state.

For details schedule of fees and changes please visit our website:www.hdfcbank.com



C. PROMOTERS

PROMOTER-3

Applicant Type

Title

First / Firm Name

Middle Name

Last Name

Customer Category

Res Address

Address Res.

Address Res.

City

Landmark

Land Line No (Off.)

E-mail

DOB / DOI

Voter ID

Academic Qualification

Religion

Cast

DIN

Constitution

Capacity

Authorised Signatory

Proprietor

Partner

Customer ID

Director

Karta

Co-parcener

Grp Concern

Trustee

Guarantor

Co-Applicant

Mr.

Mrs.

M/s

Gender:

Male

Female

Others

Entity

Father's Name

or

Spouse's Name

HNW

Preferred

Imperia

Classic

Non Managed Customers

Normal

Same as Applicant Address

Same as Promoter-1

2

Refer Below

State

PIN CODE

Mailing Address

Yes

No

Mobile No.

Consent to call

Yes

No

DD

MM

YYYY

PAN

GST Reg. No.

Aadhaar / Udyog Aadhaar Card No.

Under Graduate

Graduate

Post Graduate

Professional

Others

Hindu

Muslim

Christian

Sikh

Parsi

Jain

Buddhist

Jew

Other

General

OBC

SC

ST

Years of experience in activity

Share holding percentage

Individual

Sole Proprietors

Partnership

Public Ltd Co.

Pvt Ltd Co.

HUF

Society

LLP

Trust

Promoter

Collateral Owner

Other Guarantor

PROMOTER-4

Applicant Type

Title

First / Firm Name

Middle Name

Last Name

Customer Category

Res Address

Address Res.

Address Res.

City

Landmark

Land Line No (Off.)

E-mail

DOB / DOI

Voter ID

Academic Qualification

Religion

Cast

DIN

Constitution

Capacity

Authorised Signatory

Proprietor

Partner

Customer ID

Director

Karta

Co-parcener

Grp Concern

Trustee

Guarantor

Co-Applicant

Mr.

Mrs.

M/s

Gender:

Male

Female

Others

Entity

Father's Name

or

Spouse's Name

HNW

Preferred

Imperia

Classic

Non Managed Customers

Normal

Same as Applicant Address

Same as Promoter-1

2

3

Refer Below

State

PIN CODE

Mailing Address

Yes

No

Mobile No.

Consent to call

Yes

No

DD

MM

YYYY

PAN

GST Reg. No.

Aadhaar / Udyog Aadhaar Card No.

Under Graduate

Graduate

Post Graduate

Professional

Others

Hindu

Muslim

Christian

Sikh

Parsi

Jain

Buddhist

Jew

Other

General

OBC

SC

ST

Years of experience in activity

Share holding percentage

Individual

Sole Proprietors

Partnership

Public Ltd Co.

Pvt Ltd Co.

HUF

Society

LLP

Trust

Promoter

Collateral Owner

Other Guarantor

ANNEXURE TO APPLICATION FORM-WORKING CAPITAL FACILITIES
PROMOTERS / Co-Borrowers (Other than the Promoters covered in Page-2 of Application Form and 1st page of Annexure) :

Sr. No.	Name	Age	Academic Qualification	SC/ST/OBC Other	Religion	Experience in the Line of activity	PAN No.	Aadhaar Card No.	Father/Husband Name
5.									
6.									
7.									
8.									

5. Residential Address: Pin No.: Res. Tele No.: Capacity: Promoter / Collateral Owner / Guarantor	6. Residential Address: Pin No.: Res. Tele No.: Capacity: Promoter / Collateral Owner / Guarantor
7. Residential Address: Pin No.: Res. Tele No.: Capacity: Promoter / Collateral Owner / Guarantor	8. Residential Address: Pin No.: Res. Tele No.: Capacity: Promoter / Collateral Owner / Guarantor

Details of Collateral security (including 3rd party Guarantee*), if any over and above mentioned in Page-3 of Application Form:

Sr. No.	Property Owner's Name Description & Address	City & State	Area	Market Value (Rs. Lacs)	Type of Property (Residential /Commercial/ Industrial/Land	Occupancy
3.						
4.						
5.						

As per RBI guidelines banks are not to take collateral security for loans upto Rs. 10 Lacs to MSME units.
Details of Collateral Securities Offered, if any, including third party guarantee
a) Third Party Guarantee:

Sr. No.	Name of Guarantor	Father / Spouse Name	Residential Address	Telephone No. (Residence)	Mobile No.	Net worth (Rs. in lakh)	Aadhar No.	PAN No
1.								
2.								
3.								

2. BRIEF WRITE UP OF PROFILE OF DIRECTORS / PARTNERS / PROPRIETOR:
Segment: Manufacturer / Service / Trader

Promoter's Initials

3. MAJOR SUPPLIER : TOP 5

Name of Supplier	Contact Person	Contact No.	Purchases done during the previous year (Rs. in Lacs)	Payment terms (Advance/Cash/ Credit Period in days)	In Association Since

4. MAJOR CUSTOMER : TOP 5

Name of Supplier	Contact Person	Contact No.	Sales in Previour Year _____ (Rs. in Lacs)	Credit terms (Advance/cash /credit period in days)	In Association Since

5. DETAILS OF STOCK, DEBTORS, CREDITIORS

As on Month End Date				Stocks (Lacs)								Debtors (Lacs)								Creditors (Lacs)			
				< 120 Days				> 120 Days				< 90 Days				> 90 Days							
M	M	Y	Y																				
M	M	Y	Y																				
M	M	Y	Y																				

6. BASIS OF CASH CREDIT LIMIT APPLIED

Cash Credit	Projected						
	Sales	Working Cycle in months	Inventory	Debtors	Creditors	Other current assets	Promoters Contribution

7. DETAILS OF THE ASSOCIATE CONCERNS/GROUPCOMPANIES

Name of the Associate Concern	Address of the Associate Concern	Presently Banking With	Nature of the Associate	Extent of interest as a Prop/ Partner/Director/Investor in the Associate Concern

Promoter’s Initials

8. OTHER LOAN DETAILS

Sr.	Product	Limit/POS	Security	Bank Name	A/c Since	EMI	ROI

9. LIABILITY ACCOUNT DETAILS

Sr.	A/c Type	Bank Name	Account Number	Name of A/c Holder

Status Regarding Statutory Obligations:
Statutory Obligation: Remarks(Any details in Connection with the relevant obligation to be given

Whether Complied with (select Yes /No). If not applicable then select N. A.			
1. Registration under Shops and Establishment ACT	Yes/ No/ NA	4. Latest Sales Tax Return Filed	Yes/ No/ NA
2. Registration under MSME (Provisional /Final)	Yes/ No/ NA	5. Latest Income Tax Returns Filed	Yes/ No/ NA
3. Drug License	Yes/ No/ NA	6. Any other Statutory dues remaining outstanding	Yes/ No/ NA

10. FACILITY SPECIFIC INFORMATION (ATTACH SEPARATE SHEETS WHEREVER REQUIRED)

A. Bank Gurantee

Beneficiaries	
Type of Gurantee	
Under what eventually/condition the BG may be invoked	
Existing Arrangement	

B. Letter of Credit

Type of LC	Foreign/Inland/Both
Total Projected Purchase for Current FY (LAcS)	
Projected Purchase under LC (Lacs)	
Usance Period in days	
Existing Arrangement	

Promoter’s Initials

C. Term Loan

Details of Project	
Estimated Project Cost (with the break-up) lacs	
Sources of Margin	
Current stage of project	
Estimated project completion Date	

(CMS data to be attached separately)

D. Bills Discounting

List of Customers whose Bills are to be discounted	
Details of bills raised on such customers in last 6 months. (Details to include bill no., Value, Bill, Due date realization date) Customer wise sale for previous financial year (Lacs)	

E. Packing Credit

Details of Export orders executed in last 6 months (details to include order no., value of order, shipment date, payment due date, realization date)	
Orders backed by LC	Yes / No
Projected exports for Current FY (Lacs)	

i) Whether the MSME unit is ZED rated (Yes / No) _____

ii) If yes, the gradation obtained by the MSME unit (Tick appropriate one)

Bronze	Silver	Gold	Diamond	Platinum

Promoter's Initials

CONTACT PERSON

Name

Address

Telephone Nos. (Off.)(B) Email

Relationship of Proprietors/ Partners/ Directors with the officials of the Bank/ Director of the Bank: Please select (Yes/ No)

ADDITIONAL INFORMATION (if a different activity other than existing activity is proposed/ New unit):

Dated

Signature of the Applicant

ADDITIONAL INFORMATION TO APPLICATION FORM

1 Please Open

☐ Current

2 Product Code

☐ 279

☐ 818

MIS Code: 605

LG Code

LC Code

3 DECLARATION (Please sign without stamp)

Please fill in for a HUF

As our HUF firm wishes to open an account with your Bank in the said name We beg to say that the first signatory to this letter, i.e. is the Karta of the joint family and other signatories are adult co-parceners of the said family. We further confirm that the business of the said joint family carried on mainly by the said karta as also by the other signatories hereto in the interest and for the benefit of the entire body of co-parceners of the joint family. We all undertake that claims due to the bank from the said family shall be recovered personally from all or any of us and also for the entire family properties of which the first signatory is the karta, including the share of minor co-parceners. In view of the fact that ours is not a firm governed by the Indian partnership Act of 1932, we have not got our said firm registered under the said Act. We hereby undertake to inform the Bank of the death or birth of a co-parceners of any change occurring at any time in the membership of our joint family during the currency of the account.

Name & signature of Karta

1 _____ sd/- _____

Name & signature of Adult Co-parcener _____ sd/- _____

1 _____ sd/- _____

2 _____ sd/- _____

3 _____ sd/- _____

4 _____ sd/- _____

Name & Date of Birth of Minor Co-parcener

1 _____

2 _____

3 _____

D	D	M	M	Y	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y	Y

Please fill in for a Partnership Firm (Please sign without stamp)

Re: Opening of a new account in the name of:

..... We refer to the captioned account opened by you and declare as under. We the undersigned, are the only partners in the firm and are jointly responsible for the liabilities thereof We shall advise you in writing of any change that take place in the partnership and, all the present partners will be liable to you on any obligation which may be attending in the firm's name in your books on the date of the receipt of such notice and untill all such obligations shall have been liquidated.

Name of Partners

1 _____ sd/- _____

2 _____ sd/- _____

3 _____ sd/- _____

4 _____ sd/- _____

5 _____ sd/- _____

6 _____ sd/- _____

7 _____ sd/- _____

8 _____ sd/- _____

Please fill in for a Sole Proprietorship Account

Re: Opening of a new account in the name of:

..... We refer to the captioned account opened by you and declare as under. I, the undersigned, am the sole proprietor of the firm and am solely responsible for liabilities thereof. I shall advise you in writing of any change that take place in the firm's name in your books on the date of the receipt of such notice and untill all such obligation shall have been liquidate.

Your's faithfully,

Name:

Signature (Please sign without stamp)

4 Type of Entity

☐ Proprietorship ☐ Partnership ☐ Limited Liability Partnership ☐ Public/Private Limited Company ☐ Government ☐ Bank ☐ Societies ☐ Insurance
☐ Self Help Group ☐ HUF ☐ Foreign Bodies ☐ Non Government Organisation ☐ Mutual Fund ☐ Clubs ☐ Trust ☐ Association

5 Please tick the appropriate sub category against the Type of Entity

Public/Private	Government	Foreign Bodies	Trust	Bank	Association
Limited Company	<input type="checkbox"/> Central	<input type="checkbox"/> Foreign Government	<input type="checkbox"/> Charitable Trust	<input type="checkbox"/> Indian Commercial Banks	<input type="checkbox"/> Business Association
<input type="checkbox"/> Financial Services Co.	<input type="checkbox"/> State	<input type="checkbox"/> Project Office	<input type="checkbox"/> Public Trust	<input type="checkbox"/> Foreign Resident Banks	<input type="checkbox"/> Unregistered Asso.
<input type="checkbox"/> PSU	<input type="checkbox"/> Local Authority	<input type="checkbox"/> Branch Office	<input type="checkbox"/> Private Trust	<input type="checkbox"/> Co-oprative Banks	<input type="checkbox"/> Other Association
<input type="checkbox"/> Others.....	<input type="checkbox"/> State Electricity Boards	<input type="checkbox"/> Liaison Office	<input type="checkbox"/> Religious Trust		
Societies	<input type="checkbox"/> Quasi Government Bodies	<input type="checkbox"/> Consulates/Embassies	<input type="checkbox"/> Educational Trust		
<input type="checkbox"/> Credit Co-operative	<input type="checkbox"/> Others.....	<input type="checkbox"/> Others.....	<input type="checkbox"/> Provident Fund Trust		
<input type="checkbox"/> Non Credit Co-operative					

6 Nature of Industry

<input type="checkbox"/> Automobile	<input type="checkbox"/> Retail Jewellery	<input type="checkbox"/> Fisheries/Poultry	<input type="checkbox"/> Transportation/Logistic	<input type="checkbox"/> Textile/Garments	<input type="checkbox"/> Fertilisers/Chemicals/Seeds/Pesticides
<input type="checkbox"/> Petrol Pump	<input type="checkbox"/> Furniture/Timber	<input type="checkbox"/> Cement/Paints	<input type="checkbox"/> IT/Software/BPO	<input type="checkbox"/> Printing/Publishing	<input type="checkbox"/> Electronics/Computer/Hardware
<input type="checkbox"/> Contractors	<input type="checkbox"/> Broking	<input type="checkbox"/> Engineering Goods	<input type="checkbox"/> Media/Entertainment	<input type="checkbox"/> Travel/Tour Agency	<input type="checkbox"/> Issue & Portfolio Management
<input type="checkbox"/> Oil	<input type="checkbox"/> Advrt. Agencies	<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Construction	<input type="checkbox"/> Marble/Granite	<input type="checkbox"/> Hospital/Nursing Homes/Clinics
<input type="checkbox"/> Consultancy	<input type="checkbox"/> Restaurants	<input type="checkbox"/> Hotels/Resorts	<input type="checkbox"/> Steel/Hardware	<input type="checkbox"/> Agriculture Commodities	<input type="checkbox"/> Fast Moving Consumer Goods(FMCG)
<input type="checkbox"/> Education	<input type="checkbox"/> Forex Dealer/Bullion	<input type="checkbox"/> Consumer Durables	<input type="checkbox"/> Dairy/Food Processing	<input type="checkbox"/> Leasing & Hire Purchase	<input type="checkbox"/> Term Lending Institutions
<input type="checkbox"/> NBFC	<input type="checkbox"/> Chit Funds	<input type="checkbox"/> Money Lender	<input type="checkbox"/> Shroff	<input type="checkbox"/> Housing Finance	<input type="checkbox"/> Auto Finance
					Others.....

7 Self Employed Professional ☐ CA/CS/ICWA ☐ Lawyer ☐ Doctor ☐ Architect ☐ I.T. Consultant ☐ Others.....

8 Operating Instruction ☐ As per Resolution ☐ As Per Details Mentioned

9 ALERT INSTRUCTIONS

Authorised Signatory Promoter -1	Insta Alert	Net Banking (Attach relavent form)	Debit Card (Attach relavent form)			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Regular <input type="checkbox"/> Business <input type="checkbox"/> Others	Please Specify the card type if others (Card code to be filled by Bank Staff)		
Authorised Signatory Promoter -2	Insta Alert	Net Banking (Attach relavent form)	Debit Card (Attach relavent form)			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Regular <input type="checkbox"/> Business <input type="checkbox"/> Others	Please Specify the card type if others (Card code to be filled by Bank Staff)		
Authorised Signatory Promoter -3	Insta Alert	Net Banking (Attach relavent form)	Debit Card (Attach relavent form)			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Regular <input type="checkbox"/> Business <input type="checkbox"/> Others	Please Specify the card type if others (Card code to be filled by Bank Staff)		
Authorised Signatory Promoter -4	Insta Alert	Net Banking (Attach relavent form)	Debit Card (Attach relavent form)			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Regular <input type="checkbox"/> Business <input type="checkbox"/> Others	Please Specify the card type if others (Card code to be filled by Bank Staff)		
						<div style="border: 1px solid black; height: 100px; width: 100%; display: flex; align-items: center; justify-content: center;"> Signature </div>

10 DO NOT CALL REGISTRATION

DO NOT CALL REGISTRY ☐ I/We consent / ☐ do not consent to receive information/service etc for marketing purposes through Telephone/Mobile/SMS Email by the bank/its agents. I/We agree and acknowledge that only direct telephone numbers.(not board/general telephone numbers of offices/corporate/employers) will be accepted for registration of "Do Not Call". I/We am/are aware that post registration I/We may receive a call from the bank to verify the correctness of the request for registration.

11 **NOMINATION FORM (DA 1) - Applicable only for Sole Proprietorship**

☐ I/We wish to nominate (As per details below) ☐ No, I/We declare that I do not wish to make a nomination in my/our account

Nomination under section 45 ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rule 1985 in the respect of Bank deposits. I/We nominate the following person to whom in the event of my/your minor's death the amount of the above opened account / Fixed deposits / Recurring deposits, may be returned by the HDFC BANK Ltd. by the account opening branch

This nomination is applicable to your current Account ☐ Please tick if mailing address is same as of the Firm

Personal details of your nominee

*Name																															
Flat No. & Building																															
Company Name																															
Road No / Name																															
Landmark																															
City																PIN CODE															
State																Country															
Land Line No (Off.)											Mobile No.																				
E-mail																															
Relation with depositor, if any																Age			Date of Birth of Nominee	DD		MM		YYYY							

*As the nominee is a minor on this date, I appoint

[illegible]

Personal Details of the Witness *Thumb impression shall be attested by 2 witnesses

Personal Details of the Witness *Thumb impression shall be attested by 2 witnesses

Witness 1 Name: _____ Witness 1 Name: _____

Address: _____ Address: _____

Signature: _____ Signature: _____

Place: _____ Date: _____ Place: _____ Date: _____

*Leave out of if nominee is not a minor. **Where deposit is made in the name fo a minor the nomination should be signed by a person lawfully entitled to act on behalf of the minor.***Thumb impression shall be attested by 2 witnesses.