Vehicle & Equipment Lo	oans
Utkarsh Small Finance Bank	
Aapki Ummeed Ka Khaata Date: D M Y Y	Sourcing Business Direct Branch Channel Sales Team (MB/GB)
(A Scheduled Commercial Bank) Please Select: MUDRA STAND-UP INDIA	
	Application No
PRELIMINARY CREDIT FACILITY APPLICATI	
Important Instructions:	
A) Fields marked with* are mandatory fields.B) Please fill the form in English and in BLOCK letters.	
 C) Additional application form for multiple co applicant/guarantor For office use only	Applicant Photo Co-Applicant / Guarantor Photo
Application Type* New Used	Please paste recent Please paste recent
Refinance Repurchase Top up	colour photograph only colour photograph only with cross sign.
Product Commercial Vehicle Loan Construction Equipment Loan	Please do not use pins, Please do not use pins,
Car Loan Two Wheeler Loan Tractor Loan	tapes or staple to affix tapes or staple to affix
Three Wheeler Loan Medical Equipment Office Equipment	
CB Customer FTU/FTB Retail Strategic Institutional Strategic	
Category	
I. DETAILS OF APPLICANT [INDIVIDUAL	
Prefix First Name Middle Nam 1. Name*(Same as id Proof)	
2. Maiden Name (If any*)	
3. Father/ Spouse Name*	
4. MotherName*	
	Jender 7. Marital Status* Married Unmarried Others
	Backward (MBC) Other Backward (OBC)
9. Religion Hindu Muslim Sikh Zoroastrain Christian	Buddhist Jain Other
10. Residential Status* Resident Indian Non Resident Indian Foreign National Per 11. Education* Under-Graduate Graduate Post-Graduate Professional	rson of Indian Origin Other
If Professional CA Doctor Architect	ICWA Other
Registration / Membership No. (Doctor, CA, Architect, ICWA)	
12. Name of Spouse	
13. Date of Birth of Spouse	
15. PROOF OF IDENTITY (Pol)* (Certified copy of any one of the following Proof of Identity [Pol] needs to be submitted)	
A - UID(Aadhaar) B - PAN Card	
C - Others Identification Number	
(any document notified by the central government)	
16. PROOF OF ADDRESS (PoA)* (Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)	
Address Type*	
Proof of Address* Passport Driving Licence UID (Aadhaar) Voter Identity Card	MNREGA Job Card Others
17. Current Residence Address :	
Line 3 City/Town/Village	
	State/U.T Code* ISO 3166 Country Code*
Pin/Post Code*	
Tel* S T D N U M B E R Mobile* + 9 1	
Under Residence Status With parents With relatives Others	
18. Residence is * Self-owned Rented Company prov	vided Family owned
Residence Type Bungalow Row Houses Flat	Others
No. of years at above residence:	No. of Dependents:

19. Permanent Address
Line 1 Floor Floor
Line 2 Sector/Locality Sector/Locality
Line 3
District* ISO 3166 Country Code*
Pin/Post Code*
Tel* STDNUMBER Mobile* + 9 1
20. Occupation Details
Occupation Type* S-Service Private Sector Government Unorganized Sector 0-Others Professional Self Employed Retired Agriculturist Housewife Student B-Business X- Not Categorised Self Employed Self Employed Self Employed Self Employed Self Employed
Official Email ID
Company Name
Employer Detail Public Sector(PSU) Central Government(CTG) State Government(STG) Multinational (MNC) Public Ltd Co.(PUB)
Pvt. Ltd. (PVT) / Ltd. Partnership(PAR) Proprietorship(PRO) Others(OTH)
Type Of Profession Doctor CA/CS Lawyer Architect Engineer Others (Please Specify)
Employee ID: Department:
Name of Previous Organisation: Total work experience
Nature of business: Industry Type:
Net Annual Income Gross Annual Income
Income from other resources Income from Agriculture
Company / Office Address
District*
Pin/Post Code*
Tel* STDNUMBER Mobile* + 9 1
21. Preferred Mailing/Correspondence Address
Office Current Residence Permanent Address In case customer does not have PAN card or have applied for the same. Form 60 duly signed need to be collected from customer and submitted along with other requisite documents.
1. Beneficiery of GST Benefit:- Applicant Co-Applicant
2. Applicant / Co-applicant's GST registration number
3. Is applicant a Related Party to UTKARSH SMALL FINANCE BANK?
Yes No (a) If Yes, please specify relation Staff Group Company / Subsidiary company
II. DETAIL OF THE APPLICANT [NON INDIVIDUAL]
1. Name:
Date of Incorporation: DDMMYYYY
Constitution: Sole Proprietorship Partnership Private Limited/LTD. Public Limited Trust Society
HUF Section 25 Company Govt. Body/Statutory Body Limited Liability Partnership Others
2. Nature of Business*: Manufacturing Trading Services Retailing Agriculture Stock Broker Real Estate
3. Names of other partners/trustees/directors/adult members of the HUF*:
Name: Nationality:
,
Address:
Name: Nationality:
Address

PIN Landmark Fax Branch or Local Office Address Landmark PIN Fax 5. Details of Authorised Signatory/Partner/Directors/Trustees Middle Name Last Name Name Date of Birth Nationality Indian Others (Please Specify) Type of Identity Proof: **Identity Proof Number Residential Address** PIN City State Mobile* **Occupation Details*** Salaried Self Employed Others Designation (Please Specify) CA/CS/ICWA **Type of Profession** Doctor Lawyer Architect Consultant Engineer Others (Please Specify) No. of Years in previous business No. of Years in current business: Industry Type **Gross Annual Turnover Gross Annual Income*** Net Annual Income*_ Income from Agriculture* Income from other Sources Agriculture 6. Nature of business: Manufacturing Service Trading Other(please specify) . Export 7. Industry Details: 8. Annual Turnover: * 9. PAN No. of Applicant 1. Beneficiery of GST Benefit:-Co-applicant Applicant 2. Applicant / Co-applicant's GST registration number 3. Is applicant a Related Party to UTKARSH SMALL FINANCE BANK? Staff Yes No (a) If Yes, please specify relation Group Company / Subsidiary company III. DETAILS OF THE CO-APPLICANT/GUARANTOR [FOR INDIVIDUALS/SOLE PROPRIETARY CONCERNS] Prefi Middle Na ast Name 1. Name*(Same as id Proof) 2. Maiden Name (If any*) 3. Father/ Spouse Name* 4. MotherName* 5. Date of Birth* 6. Gender* M-Male F-Female T-Transgender Marital Status* Married Unmarried Others Scheduled Caste (SC) Scheduled Tribe (ST) Most Backward (MBC) Other Backward (OBC) 8. Category* General Sikh Zoroastrain Buddhist Other 9. Religion Hindu Muslim Christian Jain Non Resident Indian 10. Residential Status* **Resident Indian** Foreign National Person of Indian Origin 11. Education* Under-Graduate Graduate Post-Graduate Professional Other If Professional CA Doctor Architect **ICWA** Other Registration / Membership No. (Doctor, CA, Architect, ICWA) 12. Name of Spouse 13. Date of Birth of Spouse 14. PAN No. of Spouse 15. PROOF OF IDENTITY (Pol)* (Certified copy of any one of the following Proof of Identity [Pol] needs to be submitted) A - UID(Aadhaar) B - PAN Card C - Others Identification Number

4. Principal Office/ Regd. Office Address*:

(any document notified by the central government)	
16. PROOF OF ADDRESS (PoA)* (Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)	
Address Type* Residential Business Registered Office Unspecified Proof of Address* Passport Driving Licence UID (Aadhaar) Voter Identity Card MNREGA Job Card	d Others

17. Current Residence Address :																																							
Line 1]	loor																														
Line 2																	Se	ctor/	Loc	ality	/																		
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2. Nature of Business	*:	Manufa	acturing		Trading		Service	S		Re	tailing		Agricultu	ire		5	Stock B	roker	[Re	eal Esta	ate		
3. Names of other par	tners/tr	rustees/d	irectors/	adult n	nembers	s of the	HUF*:																	
Name:																			Nat	tionality	y:			
Address:																								
Name:																			Nat	tionalit	y:			
Address:																								
4. Principal Office/ Re	gd. Offi	ce Addre	ss*:																					
PIN			Landma	rk																				
Fax S T D	N																							
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Date of Birth	DM	MY	Y Y	Υ					tioni				Indian		(Othe	rs (Plea	se Spe	cify) _					
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Mobile*	+ 9											_	_	-				r						
Designation									0c	cupat	tion De	tails*	Salarie	ed	S	Self E	mploy	ed		Others (Please S				
Type profession	Doc	ctor	CA	/CS/IC\	NA		Lawye	r	[Archited	:t	Consult	ant		Enç	gineer	[Others				
No. of Years in previou	s busine	ess 🖂	Y	Ν	o. of Yea	ars in c	urrent bu	siness	s: Y	Y]									(Please S	pecify)			
Industry Type																								
Gross Annual Turnove					(Gross A	Innual Ind	come*	÷						Ne	et An	inual In	come*	¢					
Income from Agricultu	re*					ncome	from oth	er Soi	urces															
6. Nature of busines		Manufa			' Servio			Tradin		, <u> </u>	Aario	ulture		Ехро	rt			ther/nl	0250	eneciful				
7. Industry Details:			cluning	L	Jervio	66		naum	y		Ayn		ual Turnov	-				inei (pi	ease	specity	-			
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* 9. PAN No. of Applica						[]																		
1. Beneficiery of G			Applic			Co-a 	oplicant								-									
2. Applicant / Co-a																								
3. Is applicant a Re		arty to UI No	(a) If Yes									Sta	ff		Grou	ın Cı	ompany	/ Sut	neidia		nnanv			
Yes		INO		s, pieds	e specin	-					_				uiut	ih ci	unpan	/ Jul	JSIUIC		ipany			
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VI. DETAILS OF PRODUCTS (to be purchased/against which the Credit Facility is required) AND CREDIT FACILITY
Product is for (please tick the right option) Personal use Commercial use
Captive use Market Load Operator (MLO)
1. Product Description:
Manufacturer/Seller/Dealer: 3. Model No./Version: 4. Registration No for used Vehicle :
5. Werein the segmentation of the asset needs to be captured:
i) Haulage ii) Car Carrier iii) Cement iv) Agri products v) Oil and Gas vi) Others
6. For Medical equipment, the product segmentation are:
i) Radiology ii) Ophthalmic iii) Cardiology iv) Surgical v) Pathology vi) Dentistry vii) Mammograph
7. For Construction equipment, the product segmentation are:
i) Earth Moving ii) Material Handling and processing machinery iii) Concrete and road constrction equipment iv) others
8. Product is: To be purchased Already owned by the Applicant
9. Invoice/Valuation amount: Rs (where Product is to be purchased using the Credit Facility)
Credit Facility Amount: Rs * Tenure of the Credit Facility M M Months M M
10. Rate of Interest %
11. Product is charged in favour of any person/bank/entity Yes No
12. Address where Product is already kept/fixed/located OR is to be kept/fixed/located:
13. Stamp duty Charges collected in addition to Processing Fee, if any: Rs
14. Non refundable processing fee:Rs (Rupees Only)
(Taxes, other government levies, etc., will be applicable as per prevailing rates in addition) 15. Non refundable Documentation Charges Rs. (Taxes, other government levies, etc., will be applicable as per prevailing rates in addition)
 Non refundable Credit Information Report (CIR) Copy Charges Rs. (Taxes, other government levies, etc., will be applicable as per prevailing rates in addition) Request you to the second second
kindly ish the copy of the Credit Information Report (CIR) to me
17. For Commercial Vehicle Loan, non-refundable Registration Certificate (RC) Collection Fees Rs (Taxes, other government levies, etc., will be applicable as per prevailing rates in addition
Note: The processing fee is a one time non refundable fee, and is collected by UTKARSH SMALL FINANCE BANK for the purpose of appraising the Application for the Facility and the same is independent of outcome/result of such appraisal.
* In order to make the payment of Charges and fees mentioned above : (Tick the appropriate box)
I/We hereby authorize UTKARSH SMALL FINANCE BANK to debit the amount from the disbursal amount;
VII. BANK DETAILS
Name of Bank: Branch:
A/c No:
VIII. DETAILS OF OTHER VEHICLES / PRODUCTS OWNED
Make/Model Yrofmfg. Reg No. Financed by
Make/Model Yrofmfg. Reg No Financed by
IX. EXISTING RELATIONSHIPS WITH UTKARSH SMALL FINANCE BANK GROUP
Do you have any relationship with UTKARSH SMALL FINANCE BANK (Home Loan/Auto Loan/PL/Bank a/c/ CV/CE others) Yes No
If yes, LAN

X. DECLARATION FOR INFORMATION SHARING

 I/We have no objection to UTKARSH SMALL FINANCE BAI services provided by UTKARSH SMALL FINANCE BANK Lin authorise UTKARSH SMALL FINANCE BANK Limited, its grou 	nited / its group companies throu	s, agents/representatives to provide me/us information ugh any mode (including without limitation through telep	
Please tick Yes or No, as acceptable Yes N	0		
Signature of the Applicant:		Signature of the Co-Applicant / Guarantor:	
Name:		Name:	
In case of partnership/ HUF/ association of persons: For and	l on behalf of		and
each of the following partners/members of the firm/HUF/ass	sociation:		
*Name Applicant	Signature	*Name Co-Applicant/Guarantor	Signature
'Names of all partners/members to be specified. " Signature by all the Partners/members is required unless a letter of n case of company/society/ trust: For and on behalf of Name of the Authorised Signatory: (Applicant)	authority is executed by all partners	/members in favour of the signatories] Name of the Authorised Signatory: (Co-Applica	nt / Gurantor)
Designation:		Designation:	
Signature:		Signature:	
Place:		Place:	
ate and details of the authority letters or resolutions, if any, auth	norising the borrowing and/or ex	ecution of this Application Form:	
. Date: D D M M Y Y Y Y	Passed/issued by:		
. Date: D D M M Y Y Y Y	Passed/issued by:		
2 For individuals/sole proprietors			
3 For individuals			
4 Name of the partnership firm/ HUF/ association of persons	XI. DECLAR	ATION	
IAMs deploys that all the particulars and information and detail			

- 1. I/We declare that all the particulars and information and details given/filled in this application form are true, correct, complete and up-to-date in all respects and that I/We have not withheld any information whatsoever. I/We understand that certain particulars given by me/us are required by the operational guidelines governing banking companies.
- 2. I/we confirm that no insolvency proceedings or suits for recovery of outstanding dues or monies whosoever 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.
- 3. No action nor other steps have been taken or legal proceedings started or against me/usin any court of law/other authorities for winding up, dissolution, administration or re-organization or for the appointment of a receiver, administrative receiver, trustee or similar officer or for my/our assets.
- 4. I/We authorize UTKARSH SMALL FINANCE BANK Limited (UTKARSH SMALL FINANCE BANK) and all its group companies and their agents to exchange, share or part with all the information and details relating to my/our existing loans and/or repayment history to other UTKARSH SMALL FINANCE BANK group companies, banks, financial institutions, credit bureaus, agencies, statutory bodies etc. as may be required or as they may deem fit and shall not hold UTKARSH SMALL FINANCE BANK (or any of its group companies or its/their agents/representatives) liable for use/sharing of this information.
- 5. I/We understand and acknowledge that UTKARSH SMALL FINANCE BANK shall have the absolute discretion, without assigning any reasons (unless required by applicable law), to reject my/our application and that UTKARSH SMALL FINANCE BANK 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, or any delay in notifying me/us of such rejection, of our application.

- 6. UTKARSH SMALL FINANCE BANK Limited/ its Group Companies reserves the right to retain the photographs and documents submitted with the photo-card application and will not return the same to the applicant.
- 7. Except to the extent disclosed to UTKARSH SMALL FINANCE BANK, no director or a relative/near relation (as specified by RBI) of a director of a banking company (including UTKARSH SMALL FINANCE BANK) of a relative/near relation (as specified by RBI) of a senior officer of UTKARSH SMALL FINANCE BANK) of a relative/near relation (as specified by RBI) of a senior officer of UTKARSH SMALL FINANCE BANK) of a relative/near relation (as specified by RBI) of a senior officer of UTKARSH SMALL FINANCE BANK (as specified by RBI) is a partner of our concern, or a trustee, member, director, manager, employee of our concern, or of our subsidiary, or our holding company, or a guarantor on my/our behalf, or holds substantial interest in our concern or my/our subsidiary or holding company.

B.Central KYC Declaration

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of arty changes therein, immediately In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I hereby consent to receiving information from Central KYC Registry through SMS/Emall on the above registered number/email address.

Name of the Applicant:	Name of the Co-Applicant/guarantor:
Signature of the Applicant:	Signature of the Co-Applicant/Guarantor
	ficial/sourcing Agent e met the Applicant/Authorised Signatory In person at his/her office/ residence (as applicable) against original as produced by the applicant. I also confirm that
	Signature of Employee
C) Purpose of the Loan : Utilisation DistrictUtilisation TaiukaOccupation	
DivisionActivity	
D) Nature of Facility :	
 1) Type of industry - MSME / Agri.* SSID Village Industries Cottage Industries RTO Micro credit Tiny Sector Small Scale Service & Business Enterprise Small Business Transporatation of Agriculture and allied products/commodities/passen Packaging for food processing Technical assistance to food processing 2. Asset category : Own use (Agri) Own use (Non-agri) Hiring/Leas Name of Customer: Date: D M M Y Y Y Y ** Terms and Conditions apply. All loans are granted at the sole discretion of UTKARS 3. Agri Land Details * Acreage of land holding acres (1 hectare = 2.5 acres) (Land holding to be reported Landless Laborers Tenant Farmers Share Croppers Investment in Plant and Machinery less than 20 Million Yes No 	Biscuits / Confectionery Farming Others e (Agri use) Hiring/Lease (Non-agri use) Signature H SMALL FINANCE BANK d in acres)
	Environment Learne (True Wiles des / Deu (True des
UTKARSH SMALL FINANCE BANK Commercial Vehicle Loans,	Equipment Loans/ Iwo wheeler/ Gar/ Iractor
Sr No.: Dear Sir/Madam, This is to acknowledge receipt of your Preliminary Credit Facility Application (No considered, our representatives shall be in touch with you in connection with the same. The	
Time frame for Disposal of Loan Application Form (MSME Borrower) is as below : (from the accompanied by documents as per 'check list' provided)	date of receipt, provided your application is complete in all respects and is
Direct Sales team Signature:	Business Partner :
DSE Name:	SE Phone:
Location:	Business Partner Stamp:
Subject to submission of documents by the applicant/s, to the satisfaction of UTKARSH SMALL FI	IANCE BANK