

Vehicle & Equipment Loans

Utkarsh Small Finance Bank

Aapki Ummeed Ka Khaata

(A Scheduled Commercial Bank)

[illegible]

Please Select: ☐ MUDRA ☐ STAND-UP INDIA

Sourcing ☐ Business Channel ☐ Direct Sales Team ☐ Branch (MB/GB)

Channel Code / Employee Code /

Application No. _____

PRELIMINARY CREDIT FACILITY APPLICATION FORM

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/quarantor

. For office use only

Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Used		
	<input type="checkbox"/> Refinance	<input type="checkbox"/> Repurchase	<input type="checkbox"/> Top up	
Product	<input type="checkbox"/> Commercial Vehicle Loan		<input type="checkbox"/> Construction Equipment Loan	
	<input type="checkbox"/> Car Loan	<input type="checkbox"/> Two Wheeler Loan	<input type="checkbox"/> Tractor Loan	
	<input type="checkbox"/> Three Wheeler Loan	<input type="checkbox"/> Medical Equipment	<input type="checkbox"/> Office Equipment	
CB Customer Category	<input type="checkbox"/> FTU/FTB	<input type="checkbox"/> Retail	<input type="checkbox"/> Strategic	<input type="checkbox"/> Institutional Strategic

Applicant Photo

Please paste recent
colour photograph only
with cross sign.

Please do not use pins,
tapes or staple to affix

Co-Applicant / Guarantor Photo

Please paste recent
colour photograph only
with cross sign.

Please do not use pins,
tapes or staple to affix

I. DETAILS OF APPLICANT [INDIVIDUAL]

- | | Prefix | First Name | Middle Name | Last Name |
|-----------------------------|----------------------|----------------------|----------------------|----------------------|
| 1. Name*(Same as id Proof) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. Maiden Name (If any*) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. Father/ Spouse Name* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. MotherName* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. Date of Birth* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6. Gender* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7. Marital Status* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8. Category* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9. Religion | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 10. Residential Status* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 11. Education* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 12. Name of Spouse | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 13. Date of Birth of Spouse | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 14. PAN No. of Spouse | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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									
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[illegible][illegible]

(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 ☐ Others _____

17. Current Residence Address :

Line 1 Floor

Line 2

[illegible][illegible][illegible]

District* State/U.T Code* ISO 3166 Country Code*

[illegible]

Tel* S T D N U M B E R Mobile* + 9 1

[illegible]

Under Residence Status ☐ With parents ☐ With relatives ☐ Others _____

18. Residence is * ☐ Self-owned ☐ Rented ☐ Company provided ☐ Family owned

Residence Type ☐ Bungalow ☐ Row Houses ☐ Flat ☐ Others

No. of years at above residence: If rented, monthly rent _____ No. of Dependents:

If rented, monthly rent _____

No. of Dependents:

19. Permanent Address

Line 1	<input type="text"/>	Floor	<input type="text"/>
Line 2	<input type="text"/>	Sector/Locality	<input type="text"/>
Line 3	<input type="text"/>	City/Town/Village*	<input type="text"/>
Landmark	<input type="text"/>		
District*	<input type="text"/>	State/U.T Code*	<input type="text"/>
Pin/Post Code*	<input type="text"/>	ISO 3166 Country Code*	<input type="text"/>
Tel*	<input type="text"/>	Mobile*	<input type="text"/>

20. Occupation Details

Occupation Type*

☐ S-Service
 ☐ Private Sector
 ☐ Public Sector
 ☐ Government
 ☐ Unorganized Sector

☐ O-Others
 ☐ Professional
 ☐ Self Employed
 ☐ Retired
 ☐ Agriculturist
 ☐ Housewife
 ☐ Student

☐ B-Business
 ☐ X- Not Categorised

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: _____

Designation: _____ No. of years at current job

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

Line 1	<input type="text"/>	Floor	<input type="text"/>
Line 2	<input type="text"/>	Sector/Locality	<input type="text"/>
Line 3	<input type="text"/>	City/Town/Village*	<input type="text"/>
Landmark	<input type="text"/>		
District*	<input type="text"/>	State/U.T Code*	<input type="text"/>
Pin/Post Code*	<input type="text"/>	ISO 3166 Country Code*	<input type="text"/>
Tel*	<input type="text"/>	Mobile*	<input type="text"/>

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.

- Beneficiary of GST Benefit:- ☐ Applicant ☐ Co-Aplicant
- Applicant / Co-aplicant's GST registration number
- 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]

- Name:
- Date of Incorporation:
- Constitution:

☐ Sole Proprietorship
 ☐ Partnership
 ☐ Private Limited/LTD.
 ☐ Public Limited
 ☐ Trust
 ☐ Society

☐ HUF
 ☐ Section 25 Company
 ☐ Govt. Body/Statutory Body
 ☐ Limited Liability Partnership
 ☐ Others _____
- Nature of Business*:

☐ Manufacturing
 ☐ Trading
 ☐ Services
 ☐ Retailing
 ☐ Agriculture
 ☐ Stock Broker
 ☐ Real Estate
- Names of other partners/trustees/directors/adult members of the HUF*:

Name: _____ Nationality: _____

Address: _____

Name: _____ Nationality: _____

Address: _____

[illegible]

Name		Prefix		First Name		Middle Name		Last Name	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality		<input type="text"/>		Indian		<input type="text"/>		Others (Please Specify) _____	
Type of Identity Proof:		_____		Identity Proof Number		<input type="text"/>		<input type="text"/>	
Residential Address		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
City		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
PIN		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
State		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Mobile*		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Designation		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Occupation Details*		<input type="text"/>		Salaried		<input type="text"/>		Self Employed	
								Others _____	
								(Please Specify)	
Type of Profession		<input type="text"/>		Doctor		<input type="text"/>		CA/CS/ICWA	
								Lawyer	
								Architect	
								Consultant	
								Engineer	
								Others _____	
								(Please Specify)	
No. of Years in previous business		<input type="text"/>		<input type="text"/>		No. of Years in current business:		<input type="text"/>	
								<input type="text"/>	

	Prefix	First Name	Middle Name	Last Name
1. Name*(Same as id Proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Father/ Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. MotherName*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Gender*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Marital Status*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Category*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Religion	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Residential Status*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Education*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration / Membership No. (Doctor, CA, Architect, ICWA)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Name of Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. Date of Birth of Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14. PAN No. of Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address Type* ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar) ☐ Voter Identity Card ☐ MNREGA Job Card ☐ Others _____

17. Current Residence Address :

Line 1

Floor

Line 2

Sector/Locality

Line 3

City/Town/Village*

Landmark

District*

State/U.T Code*

ISO 3166 Country Code*

Pin/Post Code*

State*

Tel*

S

T

D

N

U

M

B

E

R

Mobile*

+

9

1

Personal Email ID

Under Residence Status

With parents

With relatives

Others

18. Residence is *

Self-owned

Rented

Company provided

Family owned

Residence Type

Bungalow

Row Houses

Flat

Others

No. of years at above residence:

Y

Y

If rented, monthly rent

No. of Dependents:

19. Permanent Address

Line 1

Floor

Line 2

Sector/Locality

Line 3

City/Town/Village*

Landmark

District*

State/U.T Code*

ISO 3166 Country Code*

Pin/Post Code*

State*

Tel*

S

T

D

N

U

M

B

E

R

Mobile*

+

9

1

20. Occupation Details

Occupation Type*

S-Service

Private Sector

Public Sector

Government

Unorganized Sector

O-Others

Professional

Self Employed

Retired

Agriculturist

Housewife

Student

B-Business

X- Not Categorised

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:

Designation:

No. of years at current job

Y

Y

Name of Previous Organisation:

Total work experience

Y

Y

Nature of business:

Industry Type:

Net Annual Income

Gross Annual Income

Income from other resources

Income from Agriculture

Company / Office Address

Line 1

Floor

Line 2

Sector/Locality

Line 3

City/Town/Village*

Landmark

District*

State/U.T Code*

ISO 3166 Country Code*

Pin/Post Code*

State*

Tel*

S

T

D

N

U

M

B

E

R

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. Beneficiary 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

IV. DETAILS OF CO-APPLICANT/GUARANTOR [NON INDIVIDUAL]

1. Name:
 Date of Incorporation:
 Constitution: ☐ Sole Proprietorship ☐ Partnership ☐ Private Limited ☐ Public Limited ☐ Trust ☐ Society
☐ HUF ☐ Section 25 Company ☐ Govt. Body/Statutory Body ☐ Limited Liability Partnership ☐ Others _____
 (Please Specify)
 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: _____

4. Principal Office/ Regd. Office Address*:

PIN Landmark
 Fax
 Branch or Local Office Address

 PIN Landmark
 Fax

5. Details of Authorised Signatory/Partner/Directors/Trustees

Name Prefix First Name Middle Name Last Name
 Date of Birth Nationality ☐ Indian ☐ Others (Please Specify) _____
 Type of Identity Proof: _____ Identity Proof Number
 Residential Address
 City PIN
 State
 Mobile*
 Designation Occupation Details* ☐ Salaried ☐ Self Employed ☐ Others _____
 (Please Specify)
 Type profession ☐ Doctor ☐ CA/CS/ICWA ☐ 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 _____

6. Nature of business: ☐ Manufacturing ☐ Service ☐ Trading ☐ Agriculture ☐ Export ☐ Other(please specify) _____

7. Industry Details: _____

8. Annual Turnover: _____

* 9. PAN No. of Applicant

1. Beneficiary 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

V. TRADE REFERENCES / REFERENCES

1. Name:
 Address
 PIN Tel.: Mobile*
 2. Name:
 Address
 PIN Tel.: Mobile*

X. DECLARATION FOR INFORMATION SHARING

1. I/We have no objection to UTKARSH SMALL FINANCE BANK Limited, its group companies, agents/representatives to provide me/us information on various products, offers and services provided by UTKARSH SMALL FINANCE BANK Limited / its group companies through any mode (including without limitation through telephone calls / SMSs/ emails) and authorise UTKARSH SMALL FINANCE BANK Limited, its group companies, agents / representatives for the above purpose.

Please tick Yes or No, as acceptable ☐ Yes ☐ No

Signature of the Applicant: _____

Signature of the Co-Applicant / Guarantor: _____

Name: _____

Name: _____

In case of partnership/ HUF/ association of persons: For and on behalf of _____ and each of the following partners/members of the firm/HUF/association:

*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 authority is executed by all partners/members in favour of the signatories]

In case of company/society/ trust:

For and on behalf of _____

Name of the Authorised Signatory: (Applicant)

Name of the Authorised Signatory: (Co-Applicant / Gurantor)

Designation: _____

Designation: _____

Signature: _____

Signature: _____

Date: DDMMYYYY

Date: DDMMYYYY

Place: _____

Place: _____

Date and details of the authority letters or resolutions, if any, authorising the borrowing and/or execution of this Application Form:

1. Date: DDMMYYYY

Passed/issued by: _____

2. Date: DDMMYYYY

Passed/issued by: _____

2 For individuals/sole proprietors

3 For individuals

4 Name of the partnership firm/ HUF/ association of persons

XI. DECLARATION

- 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.
- I/we confirm that no insolvency proceedings 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.
- No action nor other steps have been taken or legal proceedings started or against me/us in 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.
- 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.
- 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 and any costs, losses, damages or expenses, or other consequences, caused by reason 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 (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 any 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/Email on the above registered number/email address.

Name of the Applicant:

Name of the Co-Applcant/guarantor:

Signature of the Applicant:

Signature of the Co-Applcant/Guarantor

For UTKARSH SMALL FINANCE BANK Use only - KYC - Addendum - To be Filled in by the Bank official/sourcing Agent

I _____ with employee ID _____ do hereby confirm that I have met the Applicant/Authorised Signatory In person at his/her office/ residence on _____ (mention date) and confirm that I have verified the copies of the documents (as applicable) against original as produced by the applicant. I also confirm that Applicant(s) have signed the application form in my presence.

Signature of Employee

C) Purpose of the Loan :

Utilisation District _____ Utilisation Taiuka _____ Occupation _____

Division _____ Sub Division _____ Activity _____

D) Nature of Facility :

☐ PSL ☐ Non-PSL

1) Type of industry - MSME / Agri. *

☐ SSID ☐ Village Industries ☐ Cottage Industries ☐ RTO ☐ SRTWO ☐ KVI ☐ Industrial Estate ☐ SHG ☐ NGO
☐ Micro credit ☐ Tiny Sector ☐ Small Scale Service & Business Enterprise ☐ Ship breaking ☐ Hand loom Co-operatives ☐ Retail Trade
☐ Small Business ☐ Transportation of Agriculture and allied products/commodities/passengers ☐ Software industry ☐ Aerated water/soft drinks
☐ Packaging for food processing ☐ Technical assistance to food processing ☐ Biscuits / Confectionery ☐ Farming ☐ Others

2. Asset category : ☐ Own use (Agri) ☐ Own use (Non-agri) ☐ Hiring/Lease (Agri use) ☐ Hiring/Lease (Non-agri use)

Name of Customer: _____

Date:

Signature

** Terms and Conditions apply. All loans are granted at the sole discretion of UTKARSH SMALL FINANCE BANK

3. Agri Land Details *

Acreage of land holding _____ acres (1 hectare=2.5 acres) _____ (Land holding to be reported in acres)

☐ Landless Laborers ☐ Tenant Farmers ☐ Share Croppers ☐ Others

Investment in Plant and Machinery less than 20 Million ☐ Yes ☐ No

Signature of the Applicant



UTKARSH SMALL FINANCE BANK Commercial Vehicle Loans/ Equipment Loans/Two Wheeler/ Car/Tractor

Sr No.:

Dear Sir/Madam,

This is to acknowledge receipt of your Preliminary Credit Facility Application (No. _____ dated _____) and thank you for the same. If considered, our representatives shall be in touch with you in connection with the same. The application will be disposed off within a period of 15 days*

Time frame for Disposal of Loan Application Form (MSME Borrower) is as below : (from the date of receipt, provided your application is complete in all respects and is accompanied by documents as per 'check list' provided)

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 FINANCE BANK