

**Dombivli Nagari Sahakari Bank Ltd.
Multi State Scheduled Bank**

APPLICATION FORM FOR PERSONAL LOAN

To
Dombivli Nagari Sahakari Bank Ltd.
_____ Branch

Photo of the Applicant

Photo of the Co-Applicant

I /We wish to apply for Personal Loan of Rs._____ (Rupees _____ only) for the purpose of _____ for a period of _____ years. I/We give below details for your kind consideration.

Sr.	Particulars	Applicant	Co-applicant
1	Name Surname		
	First Name		
	Middle Name		
2	Gender M/F/Other		
3	Date of Birth		
	Age in years		
	PAN Details		
	Aadhar / Other OVD		
	Qualification: - Post Grad./Professional - Graduate - Under Graduate		
	Marital Status		
	No. of Dependants		
	Monthly Expenses		
	Present Residential Add:		
	Owned / Rented		
	Permanent Resi Address		
	Owned / Rented		
	Contact No. (mobile)		
	E-mail id		
	Business/Profession		
	Type of business -Doctor/Lawyer/CA/Archit.		

**Dombivli Nagari Sahakari Bank Ltd.
Multi State Scheduled Bank**

	- Big business operator -Small business operator		
	Name of Employer		
	Type: -PSU/Bank/Insurance Co., -Multinational -Govt.(State/Central) -Other corporates -Small Sector (Pvt./Partnership/Prop.) -Unorganised sector		
	Name & Add: Office		
	Length of business/Service		
	Designation		
	Net Annual Income		
	Any other income		
	Left Over Service- years		
	A/c. No. /Customer No.		
	Credit Facility (Direct Liab)		
	Bank/Branch		
	Amount		
	EMI/Instalment		
	Outstanding Amount		
	Surety /Gtee (indirect liab)		
	To Name		
	Amount		
	Bank/Branch		
	If Member in other society		
	If yes, please specify		
	If A/c. /Loan with other bank, pl specify		

If loan is required for Repayment of old debts, ceremonial/educational /medical expenses - Proof of expenditure required.

If loan is required for purchase of articles -Quotation from authorised dealer required.

I/We hereby declare that the above information is true and correct.

Signature of the

Applicant

Co-Applicant

Place:

Date:

Dombivli Nagari Sahakari Bank Ltd.
Multi State Scheduled Bank

GUIDELINES FOR FILLING PERSONAL LOAN APPLICATION FORM

- 1) Form should be filled in BLOCK LETTERS
- 2) All details should be filled. Mark N.A. if information is not applicable.
- 3) Please write YES/NO/NIL where applicable
- 4) The application should be duly signed, dated and filled in all the details before submitting.
- 5) Passport size photos and Residential proof (Aadhar/Driving Licence/ Passport along with latest utility bills) of applicant(s) / guarantor(s).
- 6) If Applicant/Co-applicant/Guarantor/s are self employed, businessman etc., Income Tax Return for the last 2 years along with computation of Income Tax paid challan, Profit & Loss A/c. and Balance Sheet duly certified by Chartered Accountant.
- 7) In case of employed persons, salary certificate or latest Pay Slip for last 3 months duly certified by the employer & Form 16 for last two years & ITR if tax payer. Minimum two guarantors are required.
- 8) Processing & other applicable charges as per Circular.

**Dombivli Nagari Sahakari Bank Ltd.
Multi State Scheduled Bank**

GUARANTOR FORM



To
Dombivli Nagari Sahakari Bank Ltd.
_____ Branch

I /We agree to stand as Guarantor/s in individual / joint and several capacity to Shri _____ and _____ for the loan availed/ sanctioned Loan for Rs. _____ (Rupees _____ only) and interest thereon. I/We give below our details.

Sr.	Particulars	Guarantor Details
1	Name Surname	
	First Name	
	Middle Name	
2	Gender M/F/Other	
3	Date of Birth	
	Age in years	
	PAN Details	
	Aadhar / Other OVD	
	Qualification - Post Grad./Professional - Graudate - Under Graduate	
	Marital Status	
	No. of Dependants	
	Monthly Expenses	
	Present Residential Add:	
	Owned / Rented	
	Permanent Resi Address	
	Owned / Rented	
	Contact No. (mobile)	
	E-mail id	
	Business/Profession	
	Type of business - Doctor/Lawyer/CA/Archt. - Big business operator	

**Dombivli Nagari Sahakari Bank Ltd.
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	-Small business operator	
	Name of Employer	
	Type: -PSU/Bank/Insurance Co., -Multinational -Govt.(State/Central) -Other corporates -Small Sector (Pvt./Partnership/Prop.) -Unorganised sector	
	Name & Add: Office	
	Length of business/Service	
	Designation	
	Net Annual Income	
	Any other income	
	Left Over Service- years	
	A/c. No. /Customer No.	
	Membership No.	
	Credit Facility (Direct Liab)	
	Bank/Branch	
	Amount	
	Outstanding Amount	
	EMI/Instalment	
	Surety /Gtee (indirect liab)	
	To Name	
	Amount	
	Bank/Branch	
	If Member in other society	
	If yes, please specify	

I/We hereby declare that the above information is true and correct.

Signature of the Guarantor

Place:

Date: