



SUVIDHA PERSONAL LOAN FORM



DNS BANK

डोंबिवली नागरी सहकारी बँक लि.

(मल्टी-स्टेट शेड्यूलड बँक)

अर्थात् विश्वास मिळे अन् विश्वासाला अर्थ मिळे!

**DOMBIVLI NAGARI SAHAKARI
BANK LTD., DOMBIVLI**
(MULTI-STATE SCHEDULED BANK)

"Madhukunj", Plot No. P/52, M.I.D.C. Phase II, Kalyan-Shil Road,
sonar pada, Dombivli (E) 421 204

Tel. : 2875000 to 2875009 Fax : 2875040

GUIDELINE FOR SUBMITTING THE PERSONAL LOAN

APPLICATION FORM

- 1) FORM SHOULD BE FILLED IN BLOCK LETTERS.
- 2) ALL DETAILS SHOULD BE FILLED. MARK N.A. IF ANY INFORMATION IS NOT APPLICABLE.
- 3) WHILE FILING THE INFORMATION IN A BOX PLEASE PUTA
(✓) TICK MARK IF ANSWER IS YES OR PUT A
(X) CROSS MARK IF ANSWER IS NO.
- 4) THE APPLICATION SHOULD BE DULY SIGNED, WITNESSED, DATED AND FILLED IN ALL THE DETAILS BEFORE SUBMITTING.
- 5) PASSPORT SIZE PHOTOS & RESIDENTIAL PROOF (RATIONCARD ETC.) OF APPLICANT, CO-APPLICANT AND GUARANTORS.
- 6) IF APPLICANT / CO- APPLICANT & GUARANTORS ARE SELF EMPLOYED, BUSINESSMAN ETC. INCOME-TAX RETURN FOR THE LAST 3 YEARS ALONGWITH 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 OF LATEST PAY- SLIP DULY CERTIFIED BY THE EMPLOYER.
- 8) PROCESSING FEE & MEMBERSHIP FEE SHOULD BE DEPOSITED AT THE TIME OF SUBMISSION OF THE LOAN APPLICATION.

IF APPLIED FOR REPAYMENT OF OLD DEBTS,
CEREMONIAL EDUCATIONAL, MEDICAL ETC.

- 1) REGULAR MEMBERSHIP MUST FOR APPLICANT.
- 2) MINIMUM OF TWO GUARANTORS ARE REQUIRED.
- 3) A PROOF OF EXPENDITURE.

IF APPLIED FOR CONSUMER / ARTICLE LOAN

- 1) NOMINAL MEMBERSHIP IS ACCEPTABLE,
IF LOAN AMOUNT IS UPTO RS. 50,000 /-
- 2) MINIMUM OF TWO GUARANTORS,
- 3) QUOTATION FROM AUTHORISED DEALER.

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Regd. Office : P-52, Madhukunj, Phase II, MIDC, Dombivli (E)

PERSONAL LOAN APPLICATION FOR (INDIVIDUALS)

_____ BRANCH

DATE _____

PROCESSING CHARGES : Rs. _____ Ch No. _____ date

PURPOSE OF LOAN : REPAYMENT OF OLD DEBTS CERMONIAL EDUCATIONAL
 MEDICAL TOURISM ARTICLES OTHERSAMOUNT OF LOAN REQUIRED : Rs. _____ TERM. DESIRED MONTHSS.B. /C.D. A/C. No. MEMBERSHIP NO. N.M.DT. **PERSONAL INFORMATION OF CO- APPLICANT**

Full Name (In Block Letters)(Keep one block blank between two parts of name)

MR / MRS / KUM.

SURNAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH AGE PRESENT ACCOMMODATION OWN RENTED

RESIDENTIAL ADDRESS(present)

 PIN

PERMANENT ADDRESS _____

IF SELF EMPLOYED :- BUSINESS / PROFESSION _____

NAME AND ADDRESS (OFFICE) _____

PHONE@ _____(O) _____ FAX NO. _____

HOW LONG IN BUSINESS : _____ NET INCOME _____

PRESENT LIABILITY	SURETY TO
Name of the bank :	Name : _____
BRANCH :	AMOUNT _____
AMOUNT :	BANK & BRANCH : _____
O/S BALANCE :	_____

QUALIFICANIONS : _____

SEX MALE FEMALE

MARITAL

STATUS SINGLE MARRIEDNO. OF DEPENDENTS

MONTHLY EXPENSES RS. _____

IF MEMBER IN OTHER SOCIETY

OTHER BANK (Please Specify) _____

IF Having A/c Or LOAN LIABILITY WITH OTHER BANK (Please Specify) _____

CATEGORY SC ST OTHERS

PAN NO. : _____

AADHAR NO. _____

IF EMPLOYED

NAME & ADDRESS OF THE

EMPLOYER _____

PHONE : _____ EXTN _____

DEPARTMENT _____ FAX _____

DESIGNATION _____

DATE OF JOINING _____

RETIRMENT AGE (in years) _____

ANY OTHER INCOME _____

GROSS SALARY ₹ : _____

NET SALARY ₹ : _____

APPLICABLE TO ARTICLE LOAN

ITEM :

MODEL :

MAKE :

TOTAL COST.

APPLICANT'S SIGNATURE

NAME :- _____



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Regd. Office : P-52, Madhukunj, Phase II, MIDC, Dombivli (E)

PERSONAL LOAN APPLICATION FOR CO-APPLICANT

_____ BRANCH DATE _____

PURPOSE OF LOAN : REPAYMENT OF OLD DEBTS CERMONIAL EDUCATIONAL
 MEDICAL TOURISM ARTICLES OTHERS

AMOUNT OF LOAN REQUIRED : Rs. _____ TERM. DESIRED YEARS

S.B. /C.D. A/C. No. _____ MEMBERSHIP NO. _____

CO-APPLICANT'S PHOTOGRAPH

PERSONAL INFORMATION OF CO- APPLICANT

Full Name (In Block Letters)(Keep one block blank between two parts of name)

MR / MRS / KUM.

SURNAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH AGE

PRESENT ACCOMMODATION OWN RENTED

RESIDENTIAL ADDRESS(present)

_____ PIN

PERMANENT ADDRESS _____

IF SELF EMPLOYED :- BUSINESS / PROFESSION _____

NAME AND ADDRESS (OFFICE) _____

PHONE® _____ (O) _____ FAX NO. _____

HOW LONG IN BUSINESS : _____ NET INCOME _____

PRESENT LIABILITY	SURETY TO
Name of the bank :	Name : _____
BRANCH :	AMOUNT _____
AMOUNT :	BANK & BRANCH : _____
O/S BALANCE :	_____

QUALIFICANIONS : _____

SEX MALE FEMALE

MARITAL

STATUS SINGLE MARRIED

NO. OF DEPENDENTS

MONTHLY EXPENSES RS. _____

IF MEMBER IN OTHER SOCIETY

IF Having A/c Or LOAN LIABILITY WITH OTHER BANK (Please Specify) _____

CATEGORY SC ST OTHERS

PAN NO.: _____

AADHAR NO. _____

IF EMPLOYED

NAME & ADDRESS OF THE

EMPLOYER _____

PHONE : _____ EXTN _____

DEPARTMENT _____ FAX _____

DESIGNATION _____

DATE OF JOINING _____

RETIRMENT AGE (in years) _____

ANY OTHER INCOME _____

GROSS SALARY ₹ : _____

NET SALARY ₹ : _____

CO-APPLICANT'S SIGNATURE

NAME :- _____

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Regd. Office : P-52, Madhukunj, Phase II, MIDC, Dombivli (E)

GUARANTOR'S FORM

_____ BRANCH

DATE _____

S.B. /C.D. A/C. No. MEMBERSHIP NO. NOMINAL MEMBER YES NO

N. M. FEE DEPOSITED ON _____

GUARANTOR'S
PHOTOGRAPH**PERSONAL INFORMATION OF GUARANTOR**

Full Name (In Block Letters)(Keep one block blank between two parts of name)

MR / MRS / KUM.

SURNAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH AGE PRESENT ACCOMMODATION OWN RENTED

RESIDENTIAL ADDRESS(present)

 PIN

PERMANENT ADDRESS _____

IF SELF EMPLOYED :- BUSINESS / PROFESSION _____

NAME AND ADDRESS (OFFICE) _____

PHONE® _____ (O) _____ FAX NO. _____

HOW LONG IN BUSINESS : _____ NET INCOME _____

PRESENT LIABILITY	SURETY TO
Name of the bank :	Name : _____
BRANCH :	AMOUNT _____
AMOUNT :	BANK & BRANCH : _____
O/S BALANCE :	_____

I/ WE AGREE TO STAND AS A GUARANTOR TO SHRI/SAU/KUM _____

_____ FOR _____ & INTEREST

THERON.

DATE :- _____

QUALIFICATIONS : _____

SEX MALE FEMALE

MARITAL

STATUS SINGLE MARRIEDNO. OF DEPENDENTS

MONTHLY EXPENSES RS. _____

IF MEMBER IN OTHER SOCIETY
IF Having A/c Or LOAN LIABILITY WITH
OTHER BANK (Please Specify) _____

CATEGORY SC ST OTHERS

PAN NO. : _____

AADHAR NO. _____

IF EMPLOYED

NAME & ADDRESS OF THE

EMPLOYER _____

PHONE : _____ EXTN _____

DEPARTMENT _____ FAX _____

DESIGNATION _____

DATE OF JOINING _____

RETIRMENT AGE (in years) _____

ANY OTHER INCOME _____

GROSS SALARY ₹ : _____

NET SALARY ₹ : _____

GUARANTOR'S SIGNATURE

NAME :- _____

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GUARANTOR'S FORM

_____ BRANCH

DATE _____

S.B. /C.D. A/C. No. MEMBERSHIP NO. NOMINAL MEMBER YES NO

N. M. FEE DEPOSITED ON _____

**PERSONAL INFORMATION OF GUARANTOR**

Full Name (In Block Letters)(Keep one block blank between two parts of name)

MR / MRS / KUM.

SURNAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH AGE PRESENT ACCOMMODATION OWN RENTED

RESIDENTIAL ADDRESS(present)

 PIN

PERMANENT ADDRESS _____

IF SELF EMPLOYED :- BUSINESS / PROFESSION _____

NAME AND ADDRESS (OFFICE) _____

PHONE® _____ (O) _____ FAX NO. _____

HOW LONG IN BUSINESS : _____ NET INCOME _____

PRESENT LIABILITY	SURETY TO
Name of the bank :	Name : _____
BRANCH :	AMOUNT _____
AMOUNT :	BANK & BRANCH : _____
O/S BALANCE :	_____

QUALIFICATION : _____

SEX MALE FEMALE

MARITAL

STATUS SINGLE MARRIEDNO. OF DEPENDENTS

MONTHLY EXPENSES RS. _____

IF MEMBER IN OTHER SOCIETY
IF Having A/c Or LOAN LIABILITY WITH
OTHER BANK (Please Specify) _____

CATEGORY SC ST OTHERS

PAN NO. : _____

AADHAR NO. _____

IF EMPLOYED

NAME & ADDRESS OF THE

EMPLOYER _____

PHONE : _____ EXTN _____

DEPARTMENT _____ FAX _____

DESIGNATION _____

DATE OF JOINING _____

RETIRMENT AGE (in years) _____

ANY OTHER INCOME _____

GROSS SALARY ₹ : _____

NET SALARY ₹ : _____

I/ WE AGREE TO STAND AS A GUARANTOR TO SHRI/SAU/KUM _____
_____ FOR _____ & INTEREST

THERON.

DATE :- _____

GUARANTOR'S SIGNATURE

NAME :- _____

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Regd. Office : P-52, Madhukunj, Phase II, MIDC, Dombivli (E)

APPLICATION FOR MEMBERSHIP

Date : _____

Customer No.: _____

Branch : _____

Membership No.: _____

APPLICANT'S
PHOTOGRAPH2nd
APPLICANT'S
PHOTOGRAPH
if anyTHE CHAIRMAN
DOMBIVLI NAGARI SAHAKARI BANK LTD.,

SIR / MADAM

I/WE HEREBY DESIRE TO BECOME A MEMBER OF YOUR BANK. I/WE AGREE TO ABIDE BY THE BYE-LAWS OF THE BANK.

FULL NAME : 1) _____

CO-APPLICANT'S / PARTNER'S / DIRECTORS / TRUSTEE'S NAME : 2) _____

RESIDENTIAL ADDRESS : _____

OFFICE / BUSINESS ADDRESS : _____

E-mail ID : _____ PAN NO.: _____

DATE OF BIRTH _____ AGE _____ YEARS. MOB. NO. _____

TEL. NO. R : _____ O: _____ MOBILE NO. _____ SEX : MALE/ FEMALE CAST : SC/ST/NT/OBC/ OTHERS

OCCUPATION : SERVICE BUSINESS PROFESSION HOUSEWIFE OTHERCONSTITUTION : INDIVIDUAL / PROPRIETORSHIP / PARTNERSHIP / LTD.CO. / TRUST / CLUB / ASSO / ANY OTHER
(A LETTER SIGNED BY ALL THE PARTNERS / DIRECTORS TO BE ATTACHED IN CASE OF INSTITUTIONAL MEMBERSHIP)NAME OF THE REPRESENTATIVE _____
(in case of institutions only)**- NOMINATION -**

FULL NAME OF THE NOMINEE _____ - AGE _____

ADDRESS _____

RELATION WITH APPLICANT _____ IF MINOR (DATE OF BIRTH) : _____

NAME OF THE GUARDIAN : _____

NO. OF SHARE APPLIED _____ AMOUNT DEPOSITED _____ ON: _____

DIVIDEND TO BE CREDITED TO SB/CD/CC/A/C.NO. _____ BRANCH _____

IF MEMBER IN OTHER CO-OP. CREDIT SOCIETY / BANK _____

INTRODUCING MEMBERS

1) NAME : _____

2) NAME : _____

ADDRESS : _____

ADDRESS : _____

MEMBERSHIP NO. _____

MEMBERSHIP NO. _____

SIGNATURE _____

SIGNATURE _____

OFFICER'S SIGNATURE : X _____ APPLICANT'S SIGNATURE (1) X _____

DATE - _____ (2) X _____

FOR OFFICE USE ONLY

RESOLUTION NO. _____ DATE _____ COMMITTEE _____

SECRETARY : X _____ COMMITTEE CHAIRMAN : X _____

MEM NO.: _____ DATE : _____

REGD. _____

X _____
OFFICER IN CHARGE
SHARE DEPT. CO.



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Regd. Office : P-52, Madhukunj, Phase II, MIDC, Dombivli (E)

APPLICATION FOR NOMINAL MEMBERSHIP

_____ BRANCH

FULL NAME_____

ADDRESS_____

S.B./C.D/A/C.NO._____

DATE _____

TO,
THE CHAIRMAN,
DOMBIVLI NAGARI SAHAKARI BANK LTD.,
DOMBIVLI.

SIR/MADAM,

I HEREBY DESIRED TO BECOME A NOMINAL MEMBER OF YOUR BANK I AGREE TO ABIDE BY THE BYELAWS OF THE BANK. I HERE WITH DEPOSIT RS. Hundred(₹ 100/-) TO-WARDS NOMINAL MEMBERSHIP FEE

FULL NAME_____

_____ AGE_____

REASON FOR BECOMING NOMINAL MEMBER_____

YOURS FAITHFULLY,

SIGNATURE

NAME_____

- FOR OFFICE USE ONLY -

MR. / MRS. / KUM._____

_____ MAY BE ENROLLED AS A NOMINAL MEMBER.

AUTHORISED SIGNATORY

MR./MRS./KUM._____

ADMITTED AS A NOMINAL MEMBER.

BR. COMMITTEE
MEETING DATED

RES.
NO.

SECRETARY
BR. COMMITTEE

CHAIRMAN
BR. COMMITTEE

REGD.NO._____

OFFICER IN CHARGE
SHARE DEPARTMENT



DNS BANK

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Regd. Office : P-52, Madhukunj, Phase II, MIDC, Dombivli (E)

APPLICATION FOR NOMINAL MEMBERSHIP

_____ BRANCH

FULL NAME_____

ADDRESS_____

S.B./C.D/A/C.NO._____

DATE _____

TO,
THE CHAIRMAN,
DOMBIVLI NAGARI SAHAKARI BANK LTD.,
DOMBIVLI.

SIR/MADAM,

I HEREBY DESIRED TO BECOME A NOMINAL MEMBER OF YOUR BANK I AGREE TO ABIDE BY THE BYELAWS OF THE BANK. I HERE WITH DEPOSIT RS. Hundred(₹ 100/-) TO-WARDS NOMINAL MEMBERSHIP FEE

FULL NAME_____

_____ AGE_____

REASON FOR BECOMING NOMINAL MEMBER_____

YOURS FAITHFULLY,

SIGNATURE

NAME_____

- FOR OFFICE USE ONLY -

MR. / MRS. / KUM._____

_____ MAY BE ENROLLED AS A NOMINAL MEMBER.

AUTHORISED SIGNATORY

MR./MRS./KUM._____

ADMITTED AS A NOMINAL MEMBER.

BR. COMMITTEE
MEETING DATED

RES.
NO.

SECRETARY
BR. COMMITTEE

CHAIRMAN
BR. COMMITTEE

REGD.NO._____

OFFICER IN CHARGE
SHARE DEPARTMENT



DNS BANK

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(मल्टी-स्टेट शेड्यूलड बँक)

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Regd. Office : P - 52, Madhukunj, Phase II, MIDC, Dombivli (East)

FOR OFFICE USE ONLY

INWARD NO. _____ DATE _____ REC. SIGN _____
PROCESSING CHARGES RECEIVED ON _____ ₹ _____

CHECK LIST

A.	REPAYMENT OF OLD DEBTS DEBT ACKNOWLEDGEMENT LETTER FROM CREDITORS.
B.	CEREMONIALS / RELIGIOUS ETC. INVITATION CARD / PAYMENT RECEIPT OF HALL/KARYALAYA. ESTIMATED EXPENDITURE
C.	EDUCATIONAL PROSPECTUS OF EDUCATIONAL INSTITUTION AND ESTIMATED EXPENDITURE.
D.	SICKNESS / OPERATION ETC. ESTIMATED EXPENDITURE FROM DOCTOR / HOSPITAL
E.	TOURISUM FINANCE RAILWAY / BUS/AIR ETC. TICKETS ESTIMATED EXPENDITURE
F.	CONSUMERS LOAN AUTHORISED DEALER'S QUOTATION