

Please complete in Block Letters:

Office use:
 File No.
 Source

Please affix your recent photograph (of applicant)
 Sign across the photo

Please affix your recent photograph (of co-applicant)
 Sign across the photo

Loan Details

Amount Applied	Tenor Applied	End Use
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Personal Details

Title	Applicant				Co- Applicant			
	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Others	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Others
Name	First Name..... Surname.....				First Name..... Surname.....			
Aadhar Card Number	.....				.....
Proof in Support Identity	<input type="checkbox"/> Passport	<input type="checkbox"/> PAN card	<input type="checkbox"/> Voter ID		<input type="checkbox"/> Passport	<input type="checkbox"/> PAN card	<input type="checkbox"/> Voter ID	
	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> others		<input type="checkbox"/> Driving Licence	<input type="checkbox"/> others			
Father's / Husband Name	.....				.....
Mother's Name	.....				.....
Current Address	.....				.....
	City / Town:				City / Town:			
	Pin code: Country:				Pin code: Country:			
Permanent Address	.....				.....
	City / Town:				City / Town:			
	Pin code: Country:				Pin code: Country:			
Landmark:	.....				.....
	Relationship with applicant:							
Current Residence Address	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	<input type="checkbox"/> Family	<input type="checkbox"/> Company Provided	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	<input type="checkbox"/> Family	<input type="checkbox"/> Company Provided
Contact No. with STD Code	Res.....		Mobile.....		Res.....		Mobile.....	
Proof in Support of Address	<input type="checkbox"/> Bank Account Statement	<input type="checkbox"/> Telephone Bill		<input type="checkbox"/> Bank Account Statement	<input type="checkbox"/> Telephone Bill			
	<input type="checkbox"/> Electricity bill	<input type="checkbox"/> Ration Card	<input type="checkbox"/> Others		<input type="checkbox"/> Electricity bill	<input type="checkbox"/> Ration Card	<input type="checkbox"/> Others	
Email ID (personal)	.....				.....
Date of Birth / Age & Gender	(DD / MM / YYYY)		Age Yrs.		(DD / MM / YYYY)		Age Yrs.	
	<input type="checkbox"/> Male	<input type="checkbox"/> Female				<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Residential Status	<input type="checkbox"/> Resident	<input type="checkbox"/> Non Resident	<input type="checkbox"/> Person of Indian Origin		<input type="checkbox"/> Resident	<input type="checkbox"/> Non Resident	<input type="checkbox"/> Person of Indian Origin	
Address for Correspondence (Please tick any one)	<input type="checkbox"/> Residence	<input type="checkbox"/> Business/ Office	<input type="checkbox"/> Permanent		<input type="checkbox"/> Residence	<input type="checkbox"/> Business/ Office	<input type="checkbox"/> Permanent	
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Others		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Others	
No. of Dependents	<input type="checkbox"/> Children	<input type="checkbox"/> Parents	<input type="checkbox"/> Others		<input type="checkbox"/> Children	<input type="checkbox"/> Parents	<input type="checkbox"/> Others	

Employment / Professional / Business	
Occupation	<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed
If Professional	<input type="checkbox"/> Doctor <input type="checkbox"/> Engineer <input type="checkbox"/> Chartered Accountant
	<input type="checkbox"/> Lawyer <input type="checkbox"/> Architect <input type="checkbox"/> Others
	<input type="checkbox"/> Doctor <input type="checkbox"/> Engineer <input type="checkbox"/> Chartered Accountant
	<input type="checkbox"/> Lawyer <input type="checkbox"/> Architect <input type="checkbox"/> Others

Name and Address of Employer / Business (Please mention the address of the office you are based at)	..... ..... ..... ..... City / Town:..... Pin code: .....	..... ..... ..... ..... City / Town:..... Pin code:
Contact No. with STD code	Extn..... Fax	Extn..... Fax
Email ID (Official)	.....	.....
Years in Present Employment / Occupation/ Business	Yrs. Retirement Age..... Yrs.	Yrs. Retirement Age..... Yrs.
Total Years In Present Employment/ Occupation/ Business	Yrs.	Yrs.
Job Title & Department	Employee No.	Employee No.

Purpose of Loan

Improvement of Existing House
 Business
 Children Education
 Medical Expenses
 Children Marriage
 Others.....

Property Details

Address
 City / Town..... Pin Code
 Age of the property

References

Name	Name
Address	Address
Phone..... E-Mail	Phone..... E-Mail

Declaration

Declaration and Undertaking by Applicant and Co-Applicant (if any) to Fincare Small Finance Bank
 I/We, declare that all the information given in the application form are true, correct and complete and that they shall form the basis of any loan Fincare Small Finance Bank may decide to grant me /us. Fincare Small Finance Bank may seek / receive information from any source/person to consider this application. I/We further agree that my/our loan shall be governed by rules of Fincare Small Finance Bank which may be in force time to time. I/We agree that Fincare Small Finance Bank reserves the right to accept/reject this application without assigning any reason whatsoever. I/We have read the brochure and understood the contents. I/We understand that the fee paid along with the loan application form is non-refundable. I/We undertake to inform Fincare Small Finance Bank regarding any change in my/our occupation/employment/residential address and to provide any further information that Fincare Small Finance Bank require. Fincare Small Finance Bank may make available any information contained in this form, other documents submitted to Fincare Small Finance Bank and information pertaining to any institution or body. I/We confirm that I/We have/had no insolvency proceedings against me/us nor I/We have/had ever been adjudicated insolvent. CIBIL- Fincare can initiate any Internal/External/3rd Party Verification With respect to Loan Application.

Vernacular Witness

I S/o, D/o, W/o, hereby declare that the contents of this application form were read and explained to me in by and I have understood the same .
 Witness Name Signature
 Address

Signature

Applicant's Signature
 Co-applicant's Signature
 (1) (2) (3)
 Place
 Date