

Serial No: _____

PRIMARY APPLICANT (Individuals Only)

Personal Information

Your Full Name is Mr./Ms./Mrs./Dr. _____

First name _____

Middle Name _____

Last Name _____

Your Present Residential Address: _____

Pin: _____

Your Permanent Residential Address: _____

Pin: _____ Tel: _____ Mobile: _____

Personal Email Id: _____

Sex: Male Female

Date of Birth: _____

Marital Status: Married Single

No of Dependents: _____

Residential Status: Resident Indian NRI

Nationality: _____

Education: School Under Graduate Graduate

Post Graduate Professional Diploma

Others (pls specify): _____

Degree: _____

University/Institute: _____

Year Of Passing: _____

Current Residential Status Self Owned Rented Govt Quarters

Family Owned Company Provided Pagdi

Others (pls specify): _____

EMPLOYMENT DETAILS

Occupation Status:

Salaried: Company Name: _____

Designation: _____

Senior Management Middle Management

Junior Management Non Managerial

Industry Of Employment/Business: _____ (Please Refer to List)

Self Employed: Professional Business

Industry Of Employment/Business: _____ (Please Refer to List)

Nature Of Business/Profession: _____ (Please Refer to List)

Employer/Business Name: _____

No. of years in Current Employment or Business _____ years

Total no. of Years in Employment / Business _____ years

Your Office Address: _____

Tel: _____ Fax: _____ Office Email Id: _____

If in current business/employment for less than 1 year, then previous employment details

Your Previous Office Address: _____

Designation: _____ Tel: _____ Fax: _____

Contact Person for Reference: _____

Preferred Address for Communication Current Residential Address Permanent Residential Address

Office Address Property Address

CO-APPLICANT

Relationship With the Applicant: Spouse Father Mother

Brother Son Sister

Daughter

Personal Information

Your Full Name is Mr./Ms./Mrs./Dr.: _____

First name _____

Middle Name _____

Last Name _____

Your Present Residential Address: _____

Pin: _____

Your Permanent Residential Address: _____

Pin: _____ Tel: _____ Mobile: _____

Personal Email Id: _____

Sex: Male Female

Date of Birth: _____

Marital Status: Married Single No of Dependants: _____

Residential Status: Resident Indian NRI

Nationality: _____

Education: School Under Graduate Graduate

Post Graduate Professional Diploma

Others (pls specify): _____

Degree: _____

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Industry Of Employment/Business: _____ (Please Refer to List)

Nature Of Business/Profession: _____ (Please Refer to List)

Employer/Business Name: _____

No. of years in Current Employment or Business _____ years

Total no. of Years in Employment/Business _____ years

Your Office Address: _____

Tel: _____ Fax: _____

Office Email Id: _____

If in current business/employment for less than 1 year, then previous employment details

Your Previous Office Address: _____

Designation: _____ Tel: _____ Fax: _____

Contact Person for Reference: _____

Preferred Address for Communication Current Residential Address Permanent Residential Address

Office Address Property Address

FINANCIAL DETAILS

Bank Details

Primary Applicant

Bank Name / Branch: _____

Name of A/c holder: _____

Bank A/c No: _____

A/c Type: Savings Current

Co-Applicant

Bank Name / Branch: _____

Name of A/c holder: _____

Bank A/c No: _____

A/c Type: Savings Current

Sources of Funds

Primary Applicant

Source of Funds, which will be credited to the account over a period of time (this does not only refer to the initial credit; you may indicate more than one source)

Business Receipt Sale of Investment Income from Investment

Others (Please Specify) _____

Expected Volume and level of activity: (per month)		
	No.	Value
Cash Deposit		
Cash withdrawal		
Cheque Deposit		
Cheque issuance		
Inward TTs		
Outward TTs/DDs/POs		

EXISTING LOAN / LIABILITY DETAILS

Please Indicate below all loans undertaken /proposed from employer, banks, financial institutions etc

Applicant:

Name of Institution	Original Loan Amount (Rs.)	Loan Tenure	EMIs (Rs)	Balance Tenure (months)
1				
Purpose				
2				
Purpose				
3				
Purpose				

Credit Card Details (with other banks)

Do you have a Credit Card? Yes No

1. Card No: _____

Relationship since _____ years

Card Expiry: _____ Card Limit: _____

2. Card No: _____

Relationship since _____ years

Card Expiry: _____ Card Limit: _____

3. Card No: _____

Relationship since _____ years

Card Expiry: _____ Card Limit: _____

Existing Relationship with DCB Yes No

If Yes, Please Specify: _____

Bank Account No: _____

Loan Account No: _____

Please Indicate below all loans undertaken /proposed from employer, banks, financial institutions etc

Co-Applicant:

Name of Institution	Original Loan Amount (Rs.)	Loan Tenure	EMIs (Rs)	Balance Tenure (months)
1				
Purpose				
2				
Purpose				
3				
Purpose				

Credit Card Details (with other banks)

Do you have a Credit Card? Yes No

1. Card No: _____

Relationship since _____ years

Card Expiry: _____ Card Limit: _____

2. Card No: _____

Relationship since _____ years

Card Expiry: _____ Card Limit: _____

3. Card No: _____

Relationship since _____ years

Card Expiry: _____ Card Limit: _____

Existing Relationship with DCB Yes No

If Yes, Please Specify: _____

Bank Account No: _____

Loan Account No: _____

LOAN DETAILS

Type Of Loan: Home loan Loan Against Property

Loan for Business Premises Plot loan

Interest Type: Fixed Floating

Repayment Modes: PDCs ECS
 Standing Instruction Salary Deduction

Loan Purpose: Ready Property Under Construction
 Home Extension Home Improvement
 Home Construction Balance Transfer
 Against Residential Property

Purpose: _____

Against Commercial Property

Purpose: _____

Top-Ups Plot and Construction

Others: _____

Loan Amount Rs: _____ Tenure: _____ years

LOAN REQUIREMENT:

Estimated requirement for funds

1. Total Purchase price of property Rs. _____

2. Construction/Improvement/Extension Cost Rs. _____

3. Incidental Costs- including brokerage, taxes Rs. _____

4. Stamp Duty Rs. _____

5. Registration Rs. _____

6. Others Rs. _____

Total Acquisition Cost Rs. _____

Others above indicates Car Park Price Interiors

Furniture Gardens

Estimated Sources of Funds

1. Amount already paid Rs. _____

2. Balance Required Rs. _____

a) Loan from Development Credit Bank Rs. _____

b) Savings from Banks Rs. _____

c) PF refundable/nonrefundable Rs. _____

d) Sale of assets Rs. _____

e) Others Rs. _____

Total Funds available Rs. _____

Others above indicates Sale Of Property Loan from relatives/friends

Loan from Employer Disposal of investment

Property Details (Title Deeds to be given for safe custody)

Property Identified Yes No

Serial No.: _____

DECLARATION - HOME LOANS (CUSTOMER COPY)

Date Of Application: _____

Dear Customer

Thank you for your application for home loans from Development Credit Bank. Please go through the following points carefully and sign your acceptance on the same.

Please retain a copy of this declaration for your future reference.

Declaration

I hereby enclose my application for Development Credit Bank Home Loans and confirm that I have understood the points as mentioned below and overleaf.

1. Application Processing

I have signed the application form and confirm all the details contained therein.

I understand that

- My Application may take a minimum of 2 working days to process once I have completed all requirements as required by the Bank.
- Disbursal of the loan may take a minimum of 5 working days from the time of submission of all property and loan related documents as required by the Bank

2. Interest Rate and Fees:

I have opted for a fixed rate of interest. The interest rate offered is _____%p.a. for _____ years.

I have opted for a floating rate of interest. The interest rate offered is _____%p.a

I understand that

- The interest will be calculated on a Daily Reducing Balance and is charged with monthly rests.
- If there is an increase in my rate of interest during the tenure of the loan(for floating rate loans) I will be advised of the new rate applicable.

3. The Total fees to be paid by me is Rs. _____ initially and I understand that the balance of Rs. _____ will be deducted from the amount disbursed. I confirm that no cash / bearer Cheque / blank Cheque has been collected from me with respect to my application for the loan

I confirm that I have not been promised any discount/free gift or any other commitment whatsoever (which is not documented in the loan agreement) by Development Credit Bank or any of its authorized representative(s).

4. Penal Charges (only in the event of default)

I am also aware that in the event of default, my housing loan will attract penal interest. This penal interest rate may be changed anytime at the discretion of the Bank Currently the penal interest rate is 24% per annum on overdue amounts.

I will also be liable for cheque bounce charges @ Rs. 300/- for each such dishonor.

5. Prepayment Fees

- The minimum amount that you can part repay cannot be less than Rs.25000/- (Rupees Twenty Five Thousand only)
- If you prepay the entire loan outstanding amount, you shall pay to the bank a pre-payment fees at the rate of 2% ad valorem on the principal outstanding amount as well as on all other payments made in the proceeding 180 days.
- If you part prepay over and above 25% of loan amount and/or more than once in a financial year, you shall pay to the bank prepayment fees at the rate of 2% on all such amounts prepaid.

6. Post Disbursal

- Development Credit Bank has the sole and absolute right to change the terms and conditions of the Home Loans, but Development Credit Bank will give prior adequate notice before changing the terms and conditions of the Home loan.
- Loan account statements and copies of the loan agreement are available only to the primary applicant on request in writing, subject to verification of identity of the borrower to the satisfaction of the Bank.

Signature of Primary Applicant: _____

Name: _____ Date: _____

Photo of
Primary Applicant

Signature of Primary Applicant: _____

Photo of
Co-Applicant

Signature of Co - Applicant: _____

INDUSTRY OF EMPLOYMENT / BUSINESS

1. Accountancy / Consultancy / Law Firms
2. Advertising / MR / Recruitment Firms
3. Airlines
4. Antique dealers
5. Automobiles
6. Banking & Insurance
7. Bureaus / Boards / Commissions
8. Call Center / BPO / Medical Transcription
9. Consumer Goods / Food Products
10. Courier / Cargo / Transporters
11. Defence
12. Electrical / Electronics
13. Engineering / Infrastructure
14. Entertainment / Media
15. Export / Import
16. Government / NGO
17. Hospitals / HealthCare
18. Hotel / Restaurant
19. Manufacturing / Mining
20. Ministries-Central / State Govt
21. Petroleum / Chemicals
22. Pharma / Bio-technology
23. Police / Paramilitary
24. Post & Telegraph
25. Power / Electricity
26. PSUs
27. PWD / Municipality / Water Supply
28. Railways
29. Roadways / Ports
30. Schools
31. Share Broking / NBFC
32. Taxes / Customs / Revenue
33. Telecom / Internet Service
34. Textiles
35. Trade Retails
36. Travel Agency / Tourism
37. Others (please specify): _____

NATURE OF BUSINESS / PROFESSION

- 1. Accountancy / Consultancy / Law Firms
- 2. Advertising / MR / Recruitment Firms
- 3. Antique Dealers
- 4. Architect
- 5. C&F Agent
- 6. Chartered / Cost Accountant / Co-Secretary
- 7. Construction / Contractor
- 8. Consultant
- 9. Doctor
- 10. Customer Service
- 11. Engineer
- 12. Exporter / Importer
- 13. IT / Software
- 14. Defence Contractors
- 15. Manufacturers / Traders of Defence Equipment
- 16. Marketing / Sales / Media
- 17. Production / Manufacturing
- 18. Retailer / Grocer / Chemist
- 19. Trader / Distributors / Wholesaler
- 20. Others (please Specify): _____

REFERENCES

Please mention name and address of two references.(other than family along with contact telephone numbers)

1. _____

Tel: _____

2. _____

Tel: _____

SOURCING CHANNEL

Channel (Tick One) DSA OBST

Channel Name: _____

Channel Code: _____

Executive Name: _____

Executive Code: _____

- | | | | |
|-------------------|--|---|--|
| Reference Channel | <input type="checkbox"/> Developer | <input type="checkbox"/> Real Estate Agents | <input type="checkbox"/> Branches |
| | <input type="checkbox"/> Customer Referral | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Events |
| | <input type="checkbox"/> Exhibitors | <input type="checkbox"/> Road Shows | <input type="checkbox"/> Cross Selling |
| | <input type="checkbox"/> Staff Referrals | <input type="checkbox"/> Call Center | <input type="checkbox"/> Corporate Deals |
| | <input type="checkbox"/> Direct | | |

DSA/OBST Code: _____

Promotion Code: _____

Name of Programme: _____

Branch Code: _____

TERM INSURANCE

Do you want to be covered under Group Term Insurance provided by BSLI ?

Yes No

If Yes, please fill up the health declaration form as provided to you.

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Signature of Primary Applicant: _____

Name: _____

Date: _____