SBM bank

Application Form for Advance Against Fixed Deposit - Non-Resident Customers

Date



Fields marked with * are mandatory

| SOL ID | Sourcing Employee ID |
|---------------------------------|--|
| Branch Name | City City |
| APPLICANT'S DETAILS | MAIN APPLICANT |
| Name (Same as ID proof)* | Prefix First Name Middle Name Last Name |
| Maiden name (If any)* | Prefix First Name Middle Middle Name Last Name |
| Father's name* | Prefix First Name Middle Name Last Name |
| Mother's name* | Prefix First Name Middle Name Last Name |
| Nationality | Citizenship |
| Permanent Address | |
| i ennanene / daress | |
| State | Country PIN PIN |
| Overseas Address | |
| o verseus / idul ess | |
| State | Country PIN PIN |
| Local/Communication Address | |
| | |
| State | Country PIN PIN |
| Cust ID | Gender Male Female Other Phone No. |
| Community | Hindu Muslim Christian Sikh Buddhist Zoroastrian Jain Parsi Others |
| Caste | General Other Backward Castes (OBC) Scheduled Caste Scheduled Tribe Others Please specify |
| PAN No. | Or Form 60 CKYC No. Image: Comparison of the second se |
| Passport No. | |
| Place of Issue | Country of residence |
| Nationality | Type of VISA |
| Place of Issue | |
| VISA Ref. No. | |
| Driving Licence No. | Aadhaar No. |
| Gross Income (₹) | Below 5 lakhs 5-10 lakhs 10 lakhs and above Customer Constitution NRI OCI PIC |
| E-mail ID | |
| Occupation Type | Service Private Sector Government Sector |
| | Others Professional Self Employed Retired Housewife Student |
| | Business |
| | |
| | GSTIN DETAILS* |
| Whether registered under GST | Yes No (If yes, following details are mandatory) GST Exemption Yes No Exemption Reason (If Yes) |
| GST Registration* | Single Multiple (Please fill GST Annexure for multiple GST Registration) |
| Special Economic Zone* | Yes No GSTIN (Default) |
| Address registered for GSTIN (N | Note: Overseas address cannot be GST registered address) |
| Same as Communication/Lo | ocal address given in the account Same as Permanent address given in the account As given below |
| Line 1* | |
| Line 2* | |
| Landmark | City* |
| State | Country Outry Outry </td |
| | |
| CO-APPLICANT - 1 | |
| Name (Same as ID proof)* | Prefix F i r s t N a m e M i d d l e N a m e L a s t N a m e |
| Maiden name (If any)* | Prefix First Name Middle Name Ration Ratio Ratio Ration Ration Ration Ration Ration Ration Ration Ration Ratio Ration Ratio Ration Ratio |
| Father's name* | Prefix F i r s t N a m e M i d d l e N a m e L a s t N a m e |
| Mother's name* | Prefix F i r s t N a m e M i d d l e N a m e L a s t N a m e |
| Cust ID | Relationship with Applicant |
| Gender | Male Female Other Nationality |
| Citizenship | |
| PAN No. | Or Form 60 Address same as main Applicant |
| Aadhaar No.* | CKYC No. |
| Occupation Type | Service Private Sector Overnment Sector |
| | Others Professional Self Employed Retired Student |
| | Business Not categorized |

| | GSTIN DETAILS* | |
|--|---|---|
| Whether registered under GST | Yes No (If yes, following details are mandatory) GST Exemption Yes No Exemption Reason (If Yes) | |
| GST Registration* | Single Multiple (Please fill GST Annexure for multiple GST Registration) | |
| Special Economic Zone* | Yes No GSTIN (Default) | |
| • | ote: Overseas address can not be GST registered address) | |
| | cal address given in the account Same as Permanent address given in the account As given below | |
| Line 1* | | |
| Line 2* | | ۲ |
| Landmark | | |
| | | _ |
| State | Country PIN PIN | |
| CO-APPLICANT - 2 | | |
| | | _ |
| Name (Same as ID proof)* | Prefix First Name Middle Name Last Nam | e |
| Maiden name (If any)* | | e |
| Father's name* | Prefix F i r s t N a m e M i d d l e N a m e L a s t N a m | e |
| Mother's name* | Prefix F i r s t N a m e M i d d l e N a m e L a s t N a m | e |
| Cust ID | Relationship with Applicant | |
| Gender | Male Female Other Nationality | |
| Citizenship | | |
| PAN No. | Or Form 60 Address same as main Applicant | |
| Aadhaar No.* | CKYC No. | |
| Occupation Type | Service Private Sector Public Sector Government Sector | |
| | Others Professional Self Employed Retired Housewife Student | |
| | Business Not categorized | |
| | GSTIN DETAILS* | |
| Whether registered under GST | | _ |
| - | | |
| GST Registration* | Single Multiple (Please fill GST Annexure for multiple GST Registration) | |
| Special Economic Zone* | Yes No GSTIN (Default) | |
| | ote: Overseas address cannot be GST registered address) | |
| Same as Communication/ Lo | cal address given in the account Same as Permanent address given in the account As given below | |
| Line 1* | | |
| | | _ |
| Line 2* | | |
| Line 2* Landmark | City* City* | |
| | Image: Control of the second secon | |
| Landmark | | |
| Landmark | Country PIN | |
| Landmark State ADDITIONAL DETAILS FO | R NRI APPLICANT | |
| Landmark State ADDITIONAL DETAILS FO Country Name | Country PIN | |
| Landmark State ADDITIONAL DETAILS FO | R NRI APPLICANT | |
| Landmark State ADDITIONAL DETAILS FO Country Name Are you a resident outside | R NRI APPLICANT Yes No Jurisdiction of residence | |
| Landmark State ADDITIONAL DETAILS FO Country Name Are you a resident outside India for tax purposes | R NRI APPLICANT Country Country <td< td=""><td></td></td<> | |
| Landmark State ADDITIONAL DETAILS FO Country Name Are you a resident outside India for tax purposes Tax Identification Number or | R NRI APPLICANT Yes No Jurisdiction of residence | |
| Landmark State ADDITIONAL DETAILS FO Country Name Are you a resident outside India for tax purposes Tax Identification Number or equivalent (If issued by jurisdiction) City/Place of Birth | R NRI APPLICANT Yes No Jurisdiction of residence | |
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| Landmark State ADDITIONAL DETAILS FO Country Name Are you a resident outside India for tax purposes Tax Identification Number or equivalent (If issued by jurisdiction) City/Place of Birth Is the address in jurisdiction whe Address in Jurisdiction State OD Mode of Operation | R NRI APPLICANT Yes No Jurisdiction of residence Country of Birth City/Town/Village PIN Self Either or survivor Former or survivor Anyone or survivor Junctional Anyone or survivor | |
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| DETAILS OF ADVANCE REQUESTED | | | | |
|---|--|---|---|--|
| LTV Sanction Limit | | (LTV* Total | I FD Balance Lien Marked) Currency rate in INR | |
| ROI % Mark-up & Swap rate (Applicable in case | of Foreign Currency De | posit only) | over Weighted Avg. Rate of FDs of % = | % |
| Penal Interest: Will be charged at the rate of % | p.m. | | | |
| PURPOSE OF LOAN (TICK ONE) | | | | |
| House Repair House Purchase Educa | tion Business | Requirement | OthersPlease specify | |
| CLIENT DECLARATION | | | | |
| The borrower(s)/guarantor(s) agree(s) to have given his/their express disclose all information and data furnished by them to Credit Inform any other credit bureau permitted to operate in India. I/We hereby declare that if the details furnished are found to be fals entitled to revoke and/or recall my credit facility. I/We authorise SBM Bank (India) Ltd. to verify and authenticate m during processing my/our application for legitimate Business purposes I/We further authorise the Bank to share my Aadhaar related of regulatory/statutory bodies as and when required. I/We further agree to mark an exclusive lien on the above depo collateral/security for Overdraft facility. I/We further agree and confirm that the lien on the above menti- unconditionally authorised by me/us for the purpose as security for to to me/us. I/We further agree that the lien as above shall be irrevocable by jointly and continue till such time Overdraft Facility is fully paid. I/We further agree that the lien as above shall be irrevocable by jointly and continue till such time Overdraft Facility is fully paid. I/We agree to repay the utilized amount of overdraft on maturit interest amount as and when applied. I/We also confirm that the at be withdrawn till the time the facility is repaid. I/We also understand 1. All auto closure FDs will be converted to auto renewal mode and to the same. 2. That my/our OD Account will be mapped to all QIC/MIC type FD of FD interest will be made only to my OD Account. 3. OD Account will be auto renewed. I/We hereby declare and confirm that the present FDs are not unde any statutory authority/Police authority/court of competent jurisd attachment order is served upon the Bank on the FDs, then in s exclusive rights to first recover its dues, charges, etc. and remit the or to the attaching authority. I/We request you to kindly grant an Overdraft Facility to | ation Company (CIC) or e then the Bank will be //our Aadhaar Number s. etails/information with sits for the purpose of oned fixed deposits are he facility to be granted erdraft Facility shall be me/us either singly or / of Overdraft and the ove deposits would not and agree that:- I/We have no objection Lien marked and payout er any attachment from iction. However, if any uch case the Bank has vailable balance, if any, eposits (As per enclosed ted outside India. till the time the facility /our personal purposes wing purposes. and other prohibited munication/information/lu- inicates various new produc- tc. for marketing purpose t | I/We also confirm I/We hereby auth provided for Overd towards interest see I/We hereby de my/our knowle immediately. Ir misleading or m I/We hereby co E-mail on the a I/We declare to business activit contribution to for my/our own I/We declare to business activit Contribution to for my/our own I/We also confirm including prima Traded Funds (E OD account will The Bank reserv The Bank also fay any amounts re maturity instruct case the amount booking, it shall Any credit to O repayments to O "SBM Bank (Ind submitted with t The Borrower h the 'financial in Code, 2016 ('Co Code, as amend to time, in resp time to time, to the Code, in a directions issue specifically agr Bank/Lender, as I/we hereby co account of other | of existing product/promotional offers which are of significant ben 1obile/SMS/E-mails by the Bank/its Agents. | osits. No. to be the best of jes therein, outrue or ole for it. rough SMS/ be available carrying on s by way of use in India n any form d Exchange nts. C of the FD nal policies. is overdue. d as per the booking. In ced Deposit r. y to ensure count. documents /submitting Bankruptcy d under the r from time ender, from n 3 (21) of Code, and and hereby tted by the e from any ount via |
| Signature of Primary Applicant | Signatu Co-Applic | | Signature of Co-Applicant - 2 | |
| SPECIFIC CUSTOMER DISCLOSURE IN RESPECT O | RELATIONSHIP W | ITH DIRECTOR/ | SENIOR OFFICER OF THE BANK/ANY OTHER B | ANK |
| The term 'Senior Officer' means an officer of the Bank who is in equ shall mean and include any of the following persons: (a) spouse (b sister's husband (l) brother of spouse (m) sister of spouse. | ivalent scale as an officer i | in senior managemei | ent level in Grade - IV and above in nationalized Bank. The term | 'Relative' |

| Applie | :ant/ | Co- | ap | plic | an | t is | a l | Dire | ecto | or o | far | ny E | Ban | k o | r is c | ı re | lati | ve | of D | Dire | ctor | ofo | oth | ier B | Bank | : | Ye | s | | No | If | Yes | , the | en no | atur | e of | rela | ation | nshi | iр | | | | | | | |
|---|----------|------|-----|---|------|-------|-----|-------|-------|-------|-------------|-------|--|------|--------|-------|-------|------|-------|-------|--------------|--------|--|-------|-------|--------|--------|------|-------------|------|--------|------|-------|-------|------|-------|------|-------|-------|--------|-------|-------|-------|------|--------------|------------|-----------|
| Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Desig | natio | n | | | | | | | | | | | | | | | | | | | | | | Relo | atior | ship | | | | | | | | | | | | | | | | | | | | | |
| Appli | :ant/ | Co- | ар | plic | an | t is | a l | Dire | ecto | or/S | ieni | or | Off | ice | /rel | ati | ve o | f D | Direc | ctor | or | senio | or | offic | cer o | f SB | ΜB | anl | k (Ir | ndic | ı) Lt | td.: | | Y | es | | No |) If | f Ye | s, the | n nc | ature | e of | rela | tions | ship | |
| Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature of theSignature of thePrimary ApplicantCo-applicant/Guarantor - 1 | | | | | | | | | | | | | Signature of theSignature of theCo-applicant/Guarantor - 2Co-applicant/Guarantor - 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date | D | D | 1 | 1 | 4 | Y | | Y | Y | Y | | | | | | | | | | | | | Signature ofSignature of Co-applicantMain Applicant(To be signed by all Joint Holders of FD) | | | | | | | | | | | | | | |)) | | | | | | | | | |
| Place | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| To SBN Dear S | | • | | u) Lt | a. I | orar | ich | 30 | L 11 | כ: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date | D | D | 1 | 4 1 | 4 | Y | | Y | Y | Y | | | | | | | | | | | | | | | | | | | natu App | | | | | | | | (To | | | | | | | | ican ders | t of FE |)) |
| Place | | | | | | | | | | | | | | | | | | | | | | | | | | | | | , do l | | 01110 | | | | | | | | | | | | | | | | <i>′</i> |
| BRA | NCH | חו | FC | ΄Ι Δ | R | ΔΤΊ | 0 | N | (DI | 0.0 | 60 | tic | ·k r | na | r k a | / i: | a al | | hel | 0.04 |) <i>(</i> F | or I | Ba | unk | llse | | alv) | | | | | | | | | | | | | | | | | | | | |
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| To be | verifi | ed | an | d sig | jne | ed b | y e | eith | er | Bra | nch | He | ead | or | Brar | nch | Ор | erc | atio | n H | ead | . Ple | as | e af | fix B | rand | ch St | tam | np a | nd | Sea | ıl a | lon | gsio | de. | | | | | | | | | | | | |
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