

Fields marked in * are mandatory | Please fill in all the required details in BLOCK LETTERS, Tick boxes as applicable

 Date:

 Branch:

 Customer ID: Yes No If Yes, Cust ID


FORM - A (PERSONAL DETAILS)

	Applicant	Co-Applicant / Guarantor / GPA
Salutation*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Date of Birth*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Marital Status*	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other _____	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other _____
Relation with Applicant*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Father's/Spouse Name*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mother's Maiden Name*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Religion	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Buddhist	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Buddhist
	<input type="checkbox"/> Zoroastrian <input type="checkbox"/> Parsi <input type="checkbox"/> Jain <input type="checkbox"/> Others _____	<input type="checkbox"/> Zoroastrian <input type="checkbox"/> Parsi <input type="checkbox"/> Jain <input type="checkbox"/> Others _____
Category	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/> Others _____	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/> Others _____
No. of Dependents*	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Nationality*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Residential Status*	<input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI/PIO	<input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI/PIO
Place of Birth*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Aadhaar No.*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PAN No. / GIR No.*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CKYC No.*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Driving License No.*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Passport No. & Validity*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Qualification*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Residential Address*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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District	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
State/ U.T.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	State/ U.T. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PIN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tel. (Res)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Tel. (Res) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permanent Address*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Is permanent address same as present address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(To be filled if permanent address is different from present address)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
District	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
State/ U.T.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	State/ U.T. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PIN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tel. (Res)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Tel. (Res) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

	Applicant	Co-Applicant / Guarantor / GPA
Office/ Business Address*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> District <input type="text"/> State/ U.T. <input type="text"/> PIN <input type="text"/> Tel. (Off) <input type="text"/> Mobile <input type="text"/> Email ID <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> District <input type="text"/> State/ U.T. <input type="text"/> PIN <input type="text"/> Tel. (Off) <input type="text"/> Mobile <input type="text"/> Email ID <input type="text"/>
Repayment Mode*	<input type="checkbox"/> NACH/CCS <input type="checkbox"/> Auto Debit <input type="checkbox"/> Others	<input type="checkbox"/> NACH/CCS <input type="checkbox"/> Auto Debit <input type="checkbox"/> Others
Relationship with the Bank*	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 - 3 years <input type="checkbox"/> More than 3 years	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 - 3 years <input type="checkbox"/> More than 3 years

REFERENCES Names and addresses of two references (one reference has to be non-relative/ non-colleague)

	Reference 1	Reference 2
SBM Bank may make enquiries from the references if it deems necessary	Name <input type="text"/> Address <input type="text"/> <input type="text"/> <input type="text"/> E-Mail <input type="text"/> Mobile <input type="text"/>	Name <input type="text"/> Address <input type="text"/> <input type="text"/> <input type="text"/> E-Mail <input type="text"/> Mobile <input type="text"/>

FORM - B (EMPLOYMENT DETAILS)

	Applicant	Co-Applicant / Guarantor / GPA
	Salaried Individual	
Organization Name*	<input type="text"/>	<input type="text"/>
Department*	<input type="text"/>	<input type="text"/>
In Current Job*	Years <input type="text"/> Months <input type="text"/>	Years <input type="text"/> Months <input type="text"/>
Total Experience*	Years <input type="text"/> Months <input type="text"/>	Years <input type="text"/> Months <input type="text"/>
Industry*	<input type="text"/>	<input type="text"/>
Organization Type*	<input type="checkbox"/> Public <input type="checkbox"/> Listed Private <input type="checkbox"/> Unlisted Private <input type="checkbox"/> MNC <input type="checkbox"/> Government <input type="checkbox"/> Local Civic Body	<input type="checkbox"/> Public <input type="checkbox"/> Listed Private <input type="checkbox"/> Unlisted Private <input type="checkbox"/> MNC <input type="checkbox"/> Government <input type="checkbox"/> Local Civic Body
Designation*	<input type="text"/>	<input type="text"/>
Remaining Service*	<input type="text"/>	<input type="text"/>
Previous Employer's Name*	<input type="text"/>	<input type="text"/>
Years in Previous Job*	Years <input type="text"/> Months <input type="text"/>	Years <input type="text"/> Months <input type="text"/>
	Businessman / Self Employed	
Organization Name*	<input type="text"/>	<input type="text"/>
Department*	<input type="text"/>	<input type="text"/>
In Current Business*	Years <input type="text"/> Months <input type="text"/>	Years <input type="text"/> Months <input type="text"/>
Total Experience*	Years <input type="text"/> Months <input type="text"/>	Years <input type="text"/> Months <input type="text"/>
Industry*	<input type="text"/>	<input type="text"/>
Organization Type*	<input type="checkbox"/> Public <input type="checkbox"/> Listed Private <input type="checkbox"/> Unlisted Private <input type="checkbox"/> MNC <input type="checkbox"/> Government <input type="checkbox"/> Local Civic Body	<input type="checkbox"/> Public <input type="checkbox"/> Listed Private <input type="checkbox"/> Unlisted Private <input type="checkbox"/> MNC <input type="checkbox"/> Government <input type="checkbox"/> Local Civic Body
Designation*	<input type="text"/>	<input type="text"/>
Bank Account Details*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

	Sourcing Details
Centre*	<input type="text"/>
Channel*	<input type="checkbox"/> DSA <input type="checkbox"/> DST <input type="checkbox"/> Branch <input type="checkbox"/> Direct <input type="checkbox"/> Digital <input type="checkbox"/> Connector <input type="checkbox"/> Others
Code*	<input type="text"/>
SBM Bank Relationship Manager's Name	<input type="text"/>
Documents Received	<input type="checkbox"/> Self Certified <input type="checkbox"/> True Copies <input type="checkbox"/> Notary

SPECIFIC CUSTOMER DISCLOSURE IN RESPECT OF RELATIONSHIP WITH DIRECTOR/SENIOR OFFICER OF THE BANK /ANY OTHER BANK

Relationship (Details of relationship of applicant/co-applicant with other banks)

Applicant/Co-applicant(s) is a director of any Bank or is a relative of directors of other banks Yes No Nature of Relationship_____

Relationship (Details of relationship of applicant/co-applicant with the Bank)

Applicant/Co-applicant(s) is a director/senior officer/relative of director or senior officer of the Bank. Yes No Nature of Relationship_____

In event that the Applicant/Co-applicant(s) are related to any of Director(s)/Senior Officer(s): The Applicant/Co-applicant(s) declare(s) that the Applicant/Co-applicant(s) is/are related to the director(s) and/or Senior Officer(s) of the Bank or of any other Banks as specified hereto.

Sr. No.	Name of Director(s)/Senior Officer(s)	Designation	Relationship
1			
2			
3			
4			
5			

DECLARATION

I/We certify that the information provided by me/us in this application form is true and correct in all respects and SBM Bank (India) Ltd. ("Bank") is entitled to verify this directly or through any third party agent. I/We confirm that the attached copies or financials/Bank Statements/Title/Legal documents etc. are submitted by me/us against my/our loan application and certify that these are true copies. I/We further acknowledge the Bank's right to seek any information from any other source in this regard. I/We understand that all of the abovementioned information shall form the basis of any facility that the Bank may decide to grant to me/us at its sole discretion.

I/We further agree that any facility that may be provided to me/us shall be governed by the rules of the Bank that may be in force from time to time. I/We will be bound by the terms and conditions of the facility that may be granted to me/us. I/We authorize the Bank to debit my home loan account with the Bank for any fees, charges, interests etc., as may be applicable.

I/We undertake and declare that I/We will comply with the Foreign Exchange Management Act, 1999 ("FEMA") and the applicable rules, regulations, notifications, directions or orders made there under and any amendments thereof. I/We undertake to intimate the Bank before proceeding overseas on Permanent employment and/or emigrating and/or changing my/our nationality.

I/We acknowledge that the Bank remains entitled to assign any activities to any third party agency at its sole discretion. I/We further acknowledge the right of the Bank to provide details of my/our account to third party agencies for the purpose of availing support services of any nature by the Bank, without any specific consent or authorization from me/us.

I/We acknowledge that existence of this account and details thereof (including details of transactions and any defaults committed by me), will be recorded with the credit reference agencies and such information (including processed information) may be shared with Banks/Financial Institutions and other credit grantors for the purpose of assessing further applications for credit by me/us and/or members of my/our household, and for occasional debt tracing and fraud prevention. I/We accordingly authorize the Bank of share information relating to my/our home loan account.

I/We understand that as a precondition, relating to grant of loans/advances/other non-fund-based credit facilities to me/us, SBM Bank (India) Ltd. requires consent for the disclosure by the Bank, of information and data relating to me/us of the credit facility availed of/to be availed of by me/us, on ligations assumed/to be assumed by me/us, in relation thereto and default, if any, committed by me/us in discharge thereof.

- Accordingly, I/We hereby agree and give consent for the disclosure by the Bank of all or any such: (a) information and data relating to me/us (b) the information or data relating to any credit facility availed of/to be availed of by me/us and (c) default, if any, committed by me/us in discharge of my/our such obligation, as the Bank may deem appropriate and necessary, to Credit Information Bureau (India) Limited (CIBIL) and any other agency authorized in this behalf by Reserve Bank of India/ Government of India.
- I/We undertake that (a) CIBIL and any other agency so authorized may use, process the said information and data by the Bank and (b) CIBIL and any other agency so authorized, may furnish for consideration, the processed information and data or products thereof prepared by them, to Bank's/Financial Institutions and other credit grantors, as may be specified by the Reserve Bank of India in this behalf.

I/We agree to receive SMS alerts/Phone calls related to my/our application status and account activity as well as product use message/calls that the Bank will send/make, from time to time, on my/our Mobile/Phone number(s) as mentioned in this application form. I/We undertake to intimate the Bank in the event of any change in my/our mobile phone and residential address.

I/We are aware that the processing fee paid by we/us is non-refundable.

I/We further acknowledge that I/We have read, understood and agree with the Most Important Terms and Conditions governing the loan product chosen by me/us.

I/We authorize the Bank to share, disclose, exchange, or use in a manner whatsoever, without, any further specific consent or authorization from me/us, the information/ data provided by/ related to me/us to the Group Companies/ Associates/ Subsidiaries/ Affiliates/ Joint Ventures of SBM Bank (India) Ltd./ any person with whom the Bank has entered/ propose to enter into contracts for provision of "services/ products" for the purpose or marketing/ offering/ selling any product services and/or availing support services of any nature by the Bank.

(a) Yes (b) No, I do not consent to share, disclose, exchange or use the information/data.

(put a tick mark against the preferred option)

Applicant Signature _____ Date DDMMYYYY _____ Place _____

Co-Applicant Signature _____ Date DDMMYYYY _____ Place _____

(Please tear off this acknowledgement slip along these dotted lines)

ACKNOWLEDGEMENT

Serial No. U00001

Loan application received on _____ Cheques/ received towards Processing Fee ₹ _____

Respectively vide cheque number _____ dated _____ drawn in favour of SBM Bank (India) Ltd. and payable at _____

Request will be disposed of and acceptance/ rejection would be mailed within 15 days from the date of receipt of completed application form with supporting documents.

Place _____ Date DDMMYYYY _____

On behalf of **SBM Bank (India) Ltd.**,
Authorized Signatory _____