

## Micro Home Loan Application Form

|   | Photo Photo<br>Applicant Co-Applicant |  |  |  |  |  |  |  |  |  |  |  |
|---|---------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
|   |                                       |  |  |  |  |  |  |  |  |  |  |  |
| Personal and Employment Details:  |                                       |  |  |  |  |  |  |  |  |  |  |  |
| Applicant Name: Mr./Mrs/Ms.:  |                                       |  |  |  |  |  |  |  |  |  |  |  |
| Father's/Husband's Name Mr./Mrs.:                                       |                                       |  |  |  |  |  |  |  |  |  |  |  |
| Date of Birth: D D M M Y Y Y Marital Status: Married Un Married Gender  | r: M                                  |  |  |  |  |  |  |  |  |  |  |  |
| No of Dependents: Voter ID Card No:                                     |                                       |  |  |  |  |  |  |  |  |  |  |  |
| Aadhaar Card No: Educational Qualification:                             |                                       |  |  |  |  |  |  |  |  |  |  |  |
| PAN (If not available Pls. provide 60/61 as applicable):                |                                       |  |  |  |  |  |  |  |  |  |  |  |
| Religion: Caste: Categ  | јогу:                                 |  |  |  |  |  |  |  |  |  |  |  |
| Residential Status:   |                                       |  |  |  |  |  |  |  |  |  |  |  |
| Current Residence Address:  |                                       |  |  |  |  |  |  |  |  |  |  |  |
| H/No. Landmark: Ward: Village:  | :                                     |  |  |  |  |  |  |  |  |  |  |  |
| PO: Dist. State:  | Pin:                                  |  |  |  |  |  |  |  |  |  |  |  |
| Permanent Residential Address:  |                                       |  |  |  |  |  |  |  |  |  |  |  |
| H/No. Landmark: Ward: Village:  | :                                     |  |  |  |  |  |  |  |  |  |  |  |
| PO: Dist. State:  | Pin:                                  |  |  |  |  |  |  |  |  |  |  |  |
| Phone No: Land Phone: Mobile:   |                                       |  |  |  |  |  |  |  |  |  |  |  |
| Co Applicant Name: Mr./Mrs./Ms.:  |                                       |  |  |  |  |  |  |  |  |  |  |  |
| Date of Birth: D D M M Y Y Y Y Relationship with the Applicant:         |                                       |  |  |  |  |  |  |  |  |  |  |  |
| Marital Status: Married Un Married Gender: M F                          |                                       |  |  |  |  |  |  |  |  |  |  |  |
| Voter ID Card No: Aadhaar Card No:                                      |                                       |  |  |  |  |  |  |  |  |  |  |  |
| Educational Qualification: Pan No.:                                     |                                       |  |  |  |  |  |  |  |  |  |  |  |
| Religion: Caste: Categ  | јогу:                                 |  |  |  |  |  |  |  |  |  |  |  |
| Current Residence Address:  |                                       |  |  |  |  |  |  |  |  |  |  |  |
| H/No. Landmark: Ward: Village:  |                                       |  |  |  |  |  |  |  |  |  |  |  |
| PO: Dist. State:  | Pin:                                  |  |  |  |  |  |  |  |  |  |  |  |
| Permanent Residential Address:  |                                       |  |  |  |  |  |  |  |  |  |  |  |
| H/ No. Landmark: Ward: Village:   |                                       |  |  |  |  |  |  |  |  |  |  |  |
| PO: Dist. State:  | Pin:                                  |  |  |  |  |  |  |  |  |  |  |  |
| Phone No: Land Phone: Mobile:   |                                       |  |  |  |  |  |  |  |  |  |  |  |
| Property Location: Rural Semi Urban Metro                               |                                       |  |  |  |  |  |  |  |  |  |  |  |
| Property Address: Village: PO: PO:                                      |                                       |  |  |  |  |  |  |  |  |  |  |  |
| PS: Dist. State:  | Pin:                                  |  |  |  |  |  |  |  |  |  |  |  |
| Email ID:(Optional)   |                                       |  |  |  |  |  |  |  |  |  |  |  |
| Occupation Details: Pvt. Sec Govt. PSU Defence MNC Other (Specfy        | y)                                    |  |  |  |  |  |  |  |  |  |  |  |
| Co-Applicant Occupation Specify (If Applicacable)                       |                                       |  |  |  |  |  |  |  |  |  |  |  |
| Self employed: Partnership Propitership Other(Specfy):                  |                                       |  |  |  |  |  |  |  |  |  |  |  |
| Self- employed professional: CA Doctor Engineer Architect Other(Specfy) | )                                     |  |  |  |  |  |  |  |  |  |  |  |
| Type of Business: Mgf. Trading Export Import Service                    |                                       |  |  |  |  |  |  |  |  |  |  |  |

| Others (tick one): Re   | tired                                     | Student                              | Home                       | emake             | Г                |   |                  |            |           |        |                 |        |           |        |           |
|---|---|--------------------------------------|----------------------------|-------------------|------------------|---|------------------|------------|-----------|--------|-----------------|--------|-----------|--------|-----------|
| Business/ Office Address  | :   |                                      |                            |                   |                  |   |                  |            |           |        |                 |        |           |        |           |
| Vill  | РО  |                                      | Dist                       |                   |                  |   | Sta              | te         |           |        | Pin             |        | $\top$    |        |           |
| Employed Since:   |   |                                      |                            |                   |                  |   | _                |            |           |        | ı               |        |           |        |           |
| Property address:   |   |                                      |                            |                   |                  |   |                  |            |           |        |                 |        |           |        |           |
| Vill  | РО  |                                      |                            |                   | PS               |   |                  |            |           |        |                 |        |           |        |           |
| Dist:   | Sta                                       |                                      |                            |                   | Pin:             |   |                  | $\pm$      |           |        |                 |        |           |        |           |
|   | <br>Monthly                               | Fortni                               | aht W                      | eekly             |                  |   |                  |            |           |        |                 |        |           |        |           |
| Accounts details :  |   |                                      | j                          | ,                 |                  |   |                  |            |           |        |                 |        |           |        |           |
| Particulars Name of B   | ank A                                     | ddress                               | Single/Jo                  | oint(Sp           | ecfy)            | Open S  | Since(I          | MM/YY      | <b>()</b> | Acco   | unt N           | No.    | Тур       | e of A | A/c       |
| Applicant   |   |                                      |                            |                   |                  | -   |                  |            |           |        |                 |        |           |        |           |
| Co applicant  |   |                                      |                            |                   |                  |   |                  |            |           |        |                 |        |           |        |           |
| Name of DSC :   |   |                                      |                            | DS                | SC Cod           | de:   |                  |            |           |        |                 |        |           |        | $\Box$    |
| Amount Of Loan Applied :  | : Rs.                                     |                                      |                            |                   |                  |   |                  |            |           |        |                 | $\pm$  | $\pm \pm$ |        | $\forall$ |
|   | Constructi                                | on H                                 |                            |                   | Reno             | vation  | H                | <br>Repair |           |        |                 |        |           |        |           |
| Group Name :  |   |                                      |                            |                   | Grou             | _   |                  |            |           |        |                 |        | $\top$    |        |           |
| I declare that the particular   | ars furnish                               | ed above :                           | are correct                | and tr            | J                | ·   | t of my          | , know     | باطم      | e and  | L helie         | <br>_f |           |        |           |
| For Bandhan Bank (Emplo   | wee Signat                                | Ture and C                           | ode)                       |                   |                  |   |                  |            |           |        |                 |        |           |        |           |
| Documents to be submit  | _   | dic dila c                           | .ouc)                      |                   |                  |   |                  |            |           |        |                 |        |           |        |           |
| <ol> <li>Duly Signed appl</li> <li>PAN Card (applic</li> <li>ID Proof: Passpo</li> <li>Residential Prof:</li> <li>Age Proof: (Passported)</li> </ol>  | ant / Co ap<br>ort/ Voterca<br>(Passport/ | oplicant)<br>ard/ Adha<br>/ Votercar | ar Card/Dri<br>d/ Adhaar ( | ving Li<br>Card/D | icense<br>riving | /Bank S<br>License  | tatem<br>e/Elect | ricity E   | 3ill)     | Specl  | <sup>-</sup> y) |        |           |        |           |
| Financial Documents:  | s (Applican                               | 1. /Co Ann                           | licant)                    |                   | /h               | ) calf Er   | malay.           | مط اصط     | vidus     | de (A  | anlie:          | 20+/C  | · 0       | olicar | ~ F.\     |
| <ul> <li>(a) Salaried Employees (Applicant/Co-Applicant)</li> <li>Copy of IT Returns / Form 16 of last 2 years</li> <li>Salary Slips of last 3 months.</li> <li>(b) Letter from employer (If form 16 not applicable)</li> </ul> |   |                                      |                            |                   | Ca               | <ul><li>(b) Self-Employed Individuals (Applicant/Co-Applicant)</li><li>Cash Flow statement:</li><li>Last 2 years IT Return (If available)</li></ul> |                  |            |           |        |                 |        |           |        |           |
| Property Related Docum  | nents:                                    |                                      |                            |                   |                  |   |                  |            |           |        |                 |        |           |        |           |
| <ol> <li>Photocopies of a</li> <li>Copy of Approve</li> <li>Estimate of Cons</li> </ol>   | d Sanction                                |                                      | als to be ke               | ept rea           | idy for          | verifica  | ation            |            |           |        |                 |        |           |        |           |
| <b>Declaration:</b> Declaration   | For The Th                                | numb Imp                             | ression/Sig                | ning Ir           | n Vern           | acular L  | angua            | ge         |           |        |                 |        |           |        |           |
| (This declaration must be related to the Applicant)   | signed by                                 | / a person                           | n other tha                | n the             | emplo            | yee of  | Bandh            | an Bai     | nk Lir    | mited  | l. The          | · Wit  | ness      | shoul  | ld be     |
| This is to certify that I have<br>and he/she has understoo  |   |                                      | nts of this a              | pplical           | tion fo          | orm to M  | lr./Mrs          | s          |           |        |                 |        |           |        |           |
| Date: D D M M Y Y   | YY  |                                      |                            |                   |                  |   |                  |            |           |        |                 |        |           |        |           |
| Further, I would also like  |   |                                      |                            |                   |                  |   |                  |            |           |        |                 |        | affixe    |        |           |
| thumb impression or has s<br>I declare that whatever I h  |   |                                      |                            |                   |                  |   |                  |            |           |        |                 |        |           | o him  | /her      |
|   |   |                                      | Sigr                       | nature            | /LTI d           | of the A  | pplicar          | nt/ Co     | appli     | cant   |                 |        |           |        |           |
|   |   |                                      | Nan                        | ne of A           | Applica          | ent:  |                  |            |           |        |                 |        |           |        |           |
| Date: D D M M Y Y   | Y Y Sig                                   | nature of                            | Witnesses:                 |                   |                  |   | Sigi             | nature     | / LTI     | of th  | e Co a          | appli  | cant      |        |           |
| Date: D D M M Y Y   | Y Y Na                                    | me of Wit                            | nesses:                    |                   |                  |   | Nar              | ne of (    | Co- A     | pplica | ent             |        |           |        |           |
|   | Rel                                       | lation with                          | h Applicant                | :                 |                  |   |                  |            |           |        |                 |        |           |        |           |
|   | Dal                                       | te: D D                              | MMY                        | YY                | Υ                |   | Dat              | e: D       | D N       | ΛМ     | YY              | Υ      | Υ         |        |           |