

Read the Instruction & Guidelines section
on the last page, before filling the form.
Loan Application Form



We Value Your Dreams

Office Use

| | |
|-----------------------|---------------------------|
| Branch Name _____ | File No _____ |
| Service Centre _____ | Customer No _____ |
| Processing fees _____ | Date _____ |
| Executive Name _____ | Application No _____ |
| Code _____ | Referrer's File No. _____ |
| Scheme Group _____ | ROI _____ |

Applicant

Affix recent photograph of applicant with signature across the photograph

Co-Applicant

Affix recent photograph of Co-applicant with signature across the photograph

Personal Details

| | Applicant | Co-Applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|---|--|--|--|--|---|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| First Name | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | |
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| Middle Name | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | |
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| Last Name | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | |
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| Mother's Maiden Name | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Residential Address | _____ _____ _____ | _____ _____ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City /Town | _____ Dist _____ | _____ Dist _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State | _____ Pincode <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | _____ Pincode <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Landmark | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone No. (with STD Code) | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | |
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| Mobile Number | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | |
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| Permanent Address | _____ _____ _____ | _____ _____ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City /Town | _____ Dist _____ | _____ Dist _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State | _____ Pincode <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | _____ Pincode <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Email ID | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Category | <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> NT <input type="checkbox"/> General | <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> NT <input type="checkbox"/> General | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Marital Status | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Others | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If Married, Date of Marriage | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. of Family Dependants | Children _____ Others _____ | Children _____ Others _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Correspondence Address | <input type="checkbox"/> Applicant Resident <input type="checkbox"/> Applicant Office | <input type="checkbox"/> Co-Applicant Resident <input type="checkbox"/> Co-Applicant Office | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Qualification | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Passport No. | _____ PAN No. _____ | _____ PAN No. _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driving Licence No. | _____ Voter ID _____ | _____ Voter ID _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship. | Co-Applicant _____ | Co-Applicant _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Present Accommodation | <input type="checkbox"/> Own <input type="checkbox"/> Family <input type="checkbox"/> Rented <input type="checkbox"/> Employer | <input type="checkbox"/> Own <input type="checkbox"/> Family <input type="checkbox"/> Rented <input type="checkbox"/> Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Period of stay | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> If Rented Rent p.m. _____ | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> If Rented Rent p.m. _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Occupational Details

| | Applicant | Co-Applicant | | | | | | | | | | | | |
|---------------------------|---|---|--|--|--|--|--|---|--|--|--|--|--|--|
| Occupational Category | <input type="checkbox"/> Salaried <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Others _____ | <input type="checkbox"/> Salaried <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Others _____ | | | | | | | | | | | | |
| Company / Business Name | _____ | _____ | | | | | | | | | | | | |
| Address | _____ _____ _____ | _____ _____ _____ | | | | | | | | | | | | |
| City / Town | _____ Dist _____ | _____ Dist _____ | | | | | | | | | | | | |
| State | _____ Pincode <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | _____ Pincode <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Landmark | _____ | _____ | | | | | | | | | | | | |
| Phone No. (with STD code) | _____ Ext. No. _____ | _____ Ext. No. _____ | | | | | | | | | | | | |
| Fax No. | _____ | _____ | | | | | | | | | | | | |
| Total Work Experience | _____ No. of Employees _____ | _____ No. of Employees _____ | | | | | | | | | | | | |

Occupational Details

| | | |
|---|--|---|
| <p>If Salaried Working for _____</p> <p>Designation _____ Employee Code _____ Date of Joining _____</p> <p>Date of Commencement of Business / Profession _____</p> <p>If Professional</p> <p>If Business</p> | <p>Applicant</p> <p><input type="checkbox"/> Public Ltd. <input type="checkbox"/> MNC <input type="checkbox"/> Educational Inst. <input type="checkbox"/> Central / State Govt. <input type="checkbox"/> Public Sector Unit <input type="checkbox"/> Proprietor / Partnership <input type="checkbox"/> Private Ltd. <input type="checkbox"/> Others _____</p> <p>Dept. _____ Day of Salary _____ Retiring _____</p> <p><input type="checkbox"/> Doctor <input type="checkbox"/> CA / ICWA / CS <input type="checkbox"/> Architect Others (Specify) _____</p> <p><input type="checkbox"/> Trader <input type="checkbox"/> Manufacturer <input type="checkbox"/> Whole-seller <input type="checkbox"/> Others (specify) _____</p> | <p>Co-Applicant</p> <p><input type="checkbox"/> Public Ltd. <input type="checkbox"/> MNC <input type="checkbox"/> Educational Inst. <input type="checkbox"/> Central / State Govt. <input type="checkbox"/> Public Sector Unit <input type="checkbox"/> Proprietor / Partnership <input type="checkbox"/> Private Ltd. <input type="checkbox"/> Others _____</p> <p>Dept. _____ Day of Salary _____ Retiring _____</p> <p><input type="checkbox"/> Doctor <input type="checkbox"/> CA / ICWA / CS <input type="checkbox"/> Architect Others (Specify) _____</p> <p><input type="checkbox"/> Trader <input type="checkbox"/> Manufacturer <input type="checkbox"/> Whole-seller <input type="checkbox"/> Others (specify) _____</p> |
|---|--|---|

Financial Status

| | | |
|--|--|---|
| <p>Gross Monthly Income _____ Net Monthly Income _____ Average Monthly Expenses _____</p> <p>Assets Saving Banc A/c _____ Value of Immovable Property _____ Current Balance in PF _____ Value of Shares & Securities _____ Fixed Deposits _____ Others _____</p> <p>Total Assets _____</p> <p>Liabilities Credit Society Loan _____ Employer Loan _____ Home Loan _____ PF Loan _____ Vehicle Loan _____ Personal Loan _____ Other Loan _____</p> <p>Total Liabilities _____</p> | <p>Applicant</p> <p>Rs. _____ _____ _____ Rs. _____ Rs. _____ Rs. _____ Rs. _____ Rs. _____ Rs. _____ Rs. _____ Rs. _____ Rs. _____ Rs. _____ Rs. _____ Rs. _____ Rs. _____ Rs. _____ Rs. _____</p> | <p>Co-Applicant</p> <p>Rs. _____ _____ _____ Rs. _____ Rs. _____ Rs. _____ Rs. _____ Rs. _____ Rs. _____ Rs. _____ Rs. _____ Rs. _____ Rs. _____ Rs. _____ Rs. _____ Rs. _____ Rs. _____ Rs. _____</p> |
|--|--|---|

Additional Information

Loan Details (Is applicable only if applicant/co-applicant has a loan outstanding)

| Name of Institution | Purpose for loan | Disbursed Loan Amt | EMI | Balance Term | Balance Outstanding |
|---------------------|------------------|--------------------|-----|--------------|---------------------|
| | | | | | |
| | | | | | |

Credit Card Details

| Holder Name | Credit Card No. | Card Holder Since | Issuing Bank | Credit Limit | Outstanding Amount |
|-------------|-----------------|-------------------|--------------|--------------|--------------------|
| | | | | | |
| | | | | | |

Bank A/c Details

| Holder Name | Bank Name/Branch | A/c Type | Account No. | A/c Opening Date | Balance Amt. |
|-------------|------------------|----------|-------------|------------------|--------------|
| | | | | | |
| | | | | | |

Insurance Details (Applicant & Co-Applicant)

| | Policy 1 | Policy 2 | Policy 3 | Policy 4 |
|------------------|----------|----------|----------|----------|
| Issued By | | | | |
| Branch Name | | | | |
| Holder Name | | | | |
| Policy No. | | | | |
| Maturity Date | | | | |
| Policy Value | | | | |
| Policy Type | | | | |
| Premium (yearly) | | | | |
| Paid-Up Value | | | | |

Loan Requirement Details

| | |
|----------------------|--|
| Property selected | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Property Address | _____ |
| City / Town | _____ Dist _____ State _____ Pincode <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> |
| Landmark | _____ |
| Land Area (Sq. Mtr.) | _____ Build up Area (Sq. Mtr) _____ |
| Ownership | <input type="checkbox"/> Sole <input type="checkbox"/> Joint Land Type <input type="checkbox"/> Freehold <input type="checkbox"/> Leasehold |
| Purchased From | <input type="checkbox"/> Builder <input type="checkbox"/> Society <input type="checkbox"/> Development Authority/Housing Board <input type="checkbox"/> Resale |
| Construction Stage | <input type="checkbox"/> Self Construction <input type="checkbox"/> Ready <input type="checkbox"/> Under Construction Stage of Construction % _____ |

| | |
|-----------------|---|
| Rest Frequency | <input type="checkbox"/> Annual <input type="checkbox"/> Monthly |
| Interest Option | <input type="checkbox"/> Fixed <input type="checkbox"/> Variable |
| Tenure of Loan | _____ years. |
| Purpose of loan | <input type="checkbox"/> Home Loan <input type="checkbox"/> Home Improvement <input type="checkbox"/> Home Extension Loan <input type="checkbox"/> Land Purchase Loan |
| Payment Method | <input type="checkbox"/> NRPL <input type="checkbox"/> Others _____ |
| | <input type="checkbox"/> Salary Deduction <input type="checkbox"/> Post Dated Cheque <input type="checkbox"/> Standing Instruction to Banker |
| | Others _____ |

| | | | |
|---------------------------------------|----------|----------------------------------|----------|
| Land Cost | Rs _____ | Amount Spent | Rs _____ |
| Agreement Value | Rs _____ | Balance Funds | |
| Amenities Agreement | Rs _____ | 1) Saving | Rs _____ |
| Stamp Duty / Reg. Charges | Rs _____ | 2) Disposal of Assent | Rs _____ |
| Cost of Construction / Ext / Imp | Rs _____ | 3) Family | Rs _____ |
| Incidental | Rs _____ | 4) Others | Rs _____ |
| | | Total Balance Fund (1+2+3+4) | Rs _____ |
| (A) Total Requirement of Funds | Rs _____ | Loan Required | Rs _____ |
| | | (B) Total source of Funds | Rs _____ |

General Information

Is the Legal Title of the property clear Yes No

Will HOMESHREE be able to get 1st Mortgage Yes No

Is / Are applicant(s) resident(s) of India? Yes No

Has/ Have applicant(s) applied to HOMESHREE earlier Yes No

Has/ Have applicant(s) given Guarantee to any loan with HOMESHREE Yes No

Do you intend to give the dwelling unit on rent Yes No

Did you get to know about HOMESHREE from Paper Insert TV Advt.

Personal Visit Banner Existing Customer Cards

Paper Advt. Others _____

When do you prefer the Loan to be Sanctioned (Date) _____

Disbursed (Date) _____

Do you own Car 2-Wheeler Computer

Air Condition Refrigerator Microwave

In which language would you like to receive any future communication from HOMESHREE Local Language English

Would you be interested in Insuring yourself Yes No

Reference 1

Name _____

Address _____

City / Dist _____

State _____

Pincode _____

Phone No. _____

Occupation _____

Reference 2

Name _____

Address _____

City / Dist _____

State _____

Pincode _____

Phone No. _____

Occupation _____

Declaration

I/We declare that all the particulars and information given in this application form are true, correct and complete and that they shall form the basis of any loan HOMESHREE may decide to grant to Me/Us. I/We hereby authorise HOMESHREE or its associates or its authorised representatives to verify the details furnished/to be furnished by me/us for the purpose of the loan from HOMESHREE. I/We confirm that I/We have had no insolvency proceedings against Me/Us nor have I/We been adjudicated insolvent. I/We further confirm that I/We have read the brochure and understood the content. I/We also understand that the processing fees are non-refundable. I/We undertake to inform HOMESHREE regarding any changes in My/Our occupation/employment. I/We further agree that My/Our Loan shall be governed by the rules of HOMESHREE which are in force at the time of making this application and which may be changed in future at the sole discretion of HOMESHREE.

| | |
|----------------------------|-------------------------------|
| Applicant Signature | Co-Applicant Signature |
| Date _____ | Date _____ |

