

Small Business Banking- Business Loan Facility Application Form - Co-Applicant Details

Medilon Aug. Infon Sen., 140, nepe.

	Co-Appl	icant / Partner	/ Director / Other	Details	
*Related Person Type	Trustee	Court Appoi	Proprietor Partner ntment Official Benefici wer of Attorney Holder	Director Promoter ary Authorised Signa Other (please specify)	1.50
*Details of Related Person	Addition Of Related Person Updated Related Person Deletion of Related Person				
CKYC Identifier					
Title					
The	Prefix Firs	st Name	Middle Name	Last Name	
*Name (Same as ID Proof)					
Maiden Name (If any)					Apolic of Protograph
*Spouse Name					
*Father's Name *Mother's Name			40-		Physical go across the Physical adv
Mother's Maiden Name					
*Gender	Male	Female	Third Gender		
*Residential Status/Constitution:	Resident	Individual 🗌 Non R	esident Indian 🔲 Foreign Nation	nal Overseas Citizen Of Inc	dia Person Of Indian Origin
Existing Cust ID					
*PAN Card			Form 60 Furnishe	ed Y N	
* Director Identification Number (DIN) (In case Of Director)					
*Occupation	Salaried Self Employed Unemployed Retired House Wife Politician Student Others/Not Categorised				
*If Salaried, Type of Organization (tick the relevant option)	Pvt. Ltd. Public Ltd. Proprietorship Partnership firm Public Sector Government Multinational Trust/Association/Society/Club				
*Nature Of Employment	(As per the	type of organization	selected above, mention the det	ails of profession example: Dir	rector/Banker/Agent)
*If Self Employed, Nature of Business (tick the relevant option)	Manufacturer ☐ Trader ☐ Service Provider ☐ Information Technology ☐ Professional Service Provider ☐ Agriculture ☐ Others				
*Description of Business	(As per the Nature of Business selected above, mention the details of Business example: Tour Operators/Trading of food products)				
*No. of Years in Business	Years Months				
*Annual Income (Only absolute and numeric value to be filled)	₹			(Total	of all income declared)
*Source of Fund (tick the relevant option)	Salaried	Investment	Professional Fees	Business Earnings Co	mmission Agriculture
*Nationality (tick the relevant option)	Indian	Other	(Kindly men	tion nationality, if apart from	Indian)
*Community	Hindu Muslim Christian Sikh Buddhist Zoroastrian Parsi Jain Others				
*Date of Birth	DOWNEYYYMMCQ				
*Proof of Identity and Permanent Reside	ence Address:				
Certified copy of OVD or Equivalent e-		VD or OVD obtained	through digital KYC process need	ds to be submitted (anyone of th	ne following OVDs)
A. Passport Number	D D M M	Y 7 7 Y		Passport Expiry Date	S W X X A A
B. Voter Id Card No.					
C. Driving Licence	Driving Lic, Expiry Date				
D. NREGA Job Card					
E. National Population Register Letter					
F. Proof Of Possession Of Aadhaar					
2. E-KYC Authentication					
3. Offline verification of Aadhar					
4. GSTIN(Details)				Registration Date	M M H V V V

Town/ Village It PIN/ Post Code OUT. Country Years Months as Residence Address mentioned above of the following OVDs) The of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs) Passport Expiry Date Driving Lic. Expiry				
PIN/ Post Code U.T. Country Years Months as Residence Address mentioned above at of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs) Passport Expiry Date				
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Driving Lic. Expiry Date DMM Y Y Y D				
a)				
Town/ Village				
t PIN/ Post Code				
U.T. Country				
Years Months				
arantor Beneficial Owner Authorised Signatory				
SC ST OBC General Others				
Matriculate Undergraduate Graduate Postgraduate Professional Others				
married Married Others Number of Dependents *Person With Disability Yes N				
on (Any one)* f any other country OR				
Business Registered office				
lentification Type (TIN or Address for Tax Purpose* ther, please specify)^ Communication Address Permanent Address Please note the address below				
Communication Address Permanent Address Please note the address below				
Landmark				
PIN State Country Country				
green card holder of USA ^ In case Tax Identification number is not available, kindly provide functional equivalent containing requirements of this form (read along with the FATCA/CRS instructions and Terms & Conditions) and hereby confir is true, correct, and complete and hereby accept the same. Sound & to be abided by the Co Applicant. Pplicant under the application form submitted by the Applicant lable to re also applicable and to be abided by the Co Applicant.				
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