

LOAN APPLICATION FORM















SALARIED | SELF-EMPLOYED | BUSINESS

DOCUMENT CHECKLIST

Co-Applicant details: Photograph, ID & address proof

Business Loan/Personal Loan		Salaried		Self-employed Professional	Self-Employed Non Professional (Pvt. Ltd Co. Partnership, Proprietorship, Public Ltd Co.)	
1 Colour Photograph		√		✓	✓	
Documents required: ID proof, Residence/Office address proof, Signature proof, DOB proof		✓		✓	√	
		t 3 months		eturns for 2 years, ance sheet & P/L Account statement for last 2 years with Annexures	IT returns for 2 years, Balance sheet & P/L Account statement for the last 2 years with Annexures	
Bank Statements	3 month	hs (of Salary account)		onths	6 months	
		Form 16		lification Certificate/ ificate of Practice (COP) Shop Act License/ A & AOA/Partnership Deed	Shop Acts License for sole proprietorships/ Sales Tax/VAT registration/Partnership Deed/ MOA & AOA and Board Resolution	
etter of Authority by Partnership firm, Certificate of Shareholding pattern		NA		NA	✓	
petails of all running obligations		✓		✓	✓	
Applicant details: Photograph, r address proof		√		✓	√	
oan Against Securities		Salaried		Self-Employed	Companies	
Colour Photograph		✓		(HUF): Karta Partnership Firm: Partners	Director's	
Occuments required		ID proof, DOB proof, Signature proof, Residence/Office Address proof		ID proof, DOB proof, Signature proof, Residence/Office Address proof	ID proof, (Certificate of Incorporation), Residence/Office address proof, Signature proof	
income Details		Latest pay slip and Form 16 for the previous 2 years		r IT Returns and Balance sheet and P/L Account statement for the last 2 years, or CA certified networth statement	IT Returns and Audited Financial for last 2 years, Latest Wealth Tax Return, CA certified networth statement	
ank Statement		3 months		3 months	3 months	
emat proof		✓		✓	✓	
Business proof		NA		Shop Act License for sole proprietorships /Sales Tax/VAT registration/partnership deed/MOA and AOA Board resolution	MOA and AOA/Partnership deed/Trust deed, Form 32, Lis of Subsidiaries and sub companies	
Mortgages (Loan Against Property/Home Loans))	Ind	lividu	al (Self-Employed)	Companies	
colour Photograph				√	✓	
ocuments required: ID proof, Residence/Office address roof, DOB proof, Pan Card, Electricity bill		✓		√		
		IT Returns for 2 years, Balance sheet & P/L Account statement for the last 2 years with Annexures		and the second s	IT Returns for 2 years, Balance sheet	
ncome Details		statement for the last 2 y	years v	with Annexures	and P/L Account statement for last 2 years with Annexures	
		statement for the last 2 y	years v	with Annexures		
ancome Details Bank Statement Business proof					with Annexures 12 months (Loan Against Property)	
Bank Statement		12 months Shop/Factory Licence cer Photocopy of original sale	tificate		with Annexures 12 months (Loan Against Property) 6 months (Home Loan) Companies: Certificate of incorporation, MOA and AOA, Board resolution and POA for execution of loan transact Partnership Firms: Partnership deed, Registration	



APPLICATION FORM NO.

Please fill in all the requi	red details in BLOCK LETTERS. Tick bases as applicable	*Mandatory Fields
LOAN DETAILS		
Type of Loan*	Business Loan Construction Equipment Loan Home Loan Loan Against Property Loan Against Shares/Security	ies Personal Loan
Loan Amount Requested*	Required Tenor in Months*	
Purpose of the Loan*	Balance Transfer Loan Consolidation Property purchase Business Expansion If Others (Please specify)	
APPLICANT DETAILS		
Name of the Applicant*		
Father's/Spouse's Name*		
Date of Birth*	<u>D D M M Y Y Y Y</u>	
Gender*	M F Marital Status* Married Single	Colour
ID Document Type*	Deiving License PAN Card Passport Ration Card UID Voter ID	Colour Photograph
Relevant ID No.*		
Residence Type*	Rented Owned RCO Staying Since	
Residence Address*		
Landmark*		
City*	Pincode*	
State*		
Tel No. 1*	Tel No. 2	
Mobile	Email ID	
EMPLOYMENT DETAILS - AP		
Employment Type*	Salaried Self Employed Professional Self Employed Businessman	
ID Type* (Where applicable)	Professional ID Employment ID Relevant ID No.	
Designation	Department	
Name of the firm/Company*		
Business Consitution*	Proprietorship Partnership Public Limited Company Private Limited Company	
	Others	
Total Experience	Years Months Office Owned L Y N	
Office Address*		
Landmark*		
City*	Pincode*	
State*		
Tel No. 1*	Extension No Website	
Preferred Address to Contact*	Residence Office	
Treferred Address to contact	residence office	
PEMANENT RESIDENTIAL A	DDRESS	
Contact Person Name*		
Address*		
Landmark*		
City*	Pincode*	
State*	Tel No.*	
Mobile*	Relationship	

CO-APPLICANT/GUARANTO	JK DEIAILS	
	Individual* Company*	
If Individual, then*	Proprietor Authorised Signatory Director Partner	
Gender*	M F Marital Status* Married Single	
Father's/Spouse's Name*	_F I R S T	Colour Photograph
Residence Type	Rented Owned Staying Since	
If Company, then*	Proprietorship Partnership Public Limited Company	
Type/Constitution*	Private Limited Company If Others (Please specify)	
Name of the Co-Applicant/ Guarantor [*]	FIRST	
	MIDDLE LAST	
Date of Incorporation/Birth*		
ID Document Type*	PAN Card Voter ID Passport Driving License Ration Card UID	ROC Registration TAN
Relevant ID No.*		
Preferred Mailing Address*	Branch Office Registered Office Residence	
Office/Residence Address *		
Landmark*		
City*	Pincode*	
State*	Tel No.* Fmail ID	
Mobile*		
REGISTERED OFFICE DETAIL	.s	
Same as above *	Yes No	
Office Address *		
Landmark*		
City*	Pincode*	
State*		
Tel No.*	Tel No.2* Website	
Tel No.* EMPLOYMENT DETAILS - AP Employment Type*	PPLICANT Salaried Self Employed Professional Self Employed Businessman	
Tel No.* EMPLOYMENT DETAILS - AP	PPLICANT	
Tel No.* EMPLOYMENT DETAILS - AP Employment Type* ID Type* (Where applicable) Designation	PPLICANT Salaried Self Employed Professional Self Employed Businessman	
Tel No.* EMPLOYMENT DETAILS - AP Employment Type* ID Type* (Where applicable)	PPLICANT Salaried Self Employed Professional Professional ID Employment ID Department Department	
Tel No.* EMPLOYMENT DETAILS - AP Employment Type* ID Type* (Where applicable) Designation Name of the firm/Company* Business Consitution*	PPLICANT Salaried Self Employed Professional Professional ID Employment ID Relevant ID No. Department Proprietorship Partnership Public Limited Company Private Limited Company	
Tel No.* EMPLOYMENT DETAILS - AP Employment Type* ID Type* (Where applicable) Designation Name of the firm/Company* Business Consitution* Total Experience	PPLICANT Salaried Self Employed Professional Professional ID Employment ID Department Department	
Tel No.* EMPLOYMENT DETAILS - AP Employment Type* ID Type* (Where applicable) Designation Name of the firm/Company* Business Consitution* Total Experience Office Address*	PPLICANT Salaried Self Employed Professional Professional ID Employment ID Relevant ID No. Department Proprietorship Partnership Public Limited Company Private Limited Company	
Tel No.* EMPLOYMENT DETAILS - AP Employment Type* ID Type* (Where applicable) Designation Name of the firm/Company* Business Consitution* Total Experience Office Address* Landmark*	PPLICANT Salaried Self Employed Professional Professional ID Employment ID Relevant ID No. Department Proprietorship Partnership Public Limited Company Years Months Office Owned Y N	Others
Tel No.* EMPLOYMENT DETAILS - AP Employment Type* ID Type* (Where applicable) Designation Name of the firm/Company* Business Consitution* Total Experience Office Address* Landmark* City*	PPLICANT Salaried Self Employed Professional Professional ID Employment ID Relevant ID No. Department Proprietorship Partnership Public Limited Company Years Months Office Owned Y N	
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Tel No.* EMPLOYMENT DETAILS - AP Employment Type* ID Type* (Where applicable) Designation Name of the firm/Company* Business Consitution* Total Experience Office Address* Landmark* City* State*	PPLICANT Salaried Self Employed Professional Professional ID Employment ID Relevant ID No. Department Proprietorship Partnership Public Limited Company Years Months Office Owned Princode*	Others
Tel No.* EMPLOYMENT DETAILS - AP Employment Type* ID Type* (Where applicable) Designation Name of the firm/Company* Business Consitution* Total Experience Office Address* Landmark* City* State* Tel No.* Preferred Address to Contact* INSURANCE NOMINEE DETAIL	PPLICANT Salaried Self Employed Professional Self Employed Businessman Professional ID Employment ID Relevant ID No. Department Proprietorship Partnership Public Limited Company Private Limited Company Years Months Office Owned Y N Pincode* Extension No. Website Residence Office	Others
Tel No.* EMPLOYMENT DETAILS - AP Employment Type* ID Type* (Where applicable) Designation Name of the firm/Company* Business Consitution* Total Experience Office Address* Landmark* City* State* Tel No.* Preferred Address to Contact* INSURANCE NOMINEE DETAIL Relationship with Applicant*	PPLICANT Salaried Self Employed Professional Self Employed Businessman Professional ID Employment ID Relevant ID No. Department Proprietorship Partnership Public Limited Company Private Limited Company Years Months Office Owned Y N Pincode* Extension No. Website Residence Office	Others
Tel No.* EMPLOYMENT DETAILS - AP Employment Type* ID Type* (Where applicable) Designation Name of the firm/Company* Business Consitution* Total Experience Office Address* Landmark* City* State* Tel No.* Preferred Address to Contact* INSURANCE NOMINEE DETAIL Relationship with Applicant* Name*	PPLICANT Salaried Self Employed Professional Self Employed Businessman Professional ID Employment ID Relevant ID No. Department Proprietorship Partnership Public Limited Company Private Limited Company Years Months Office Owned Y N Pincode* Extension No. Website Residence Office	Others
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Tel No.* EMPLOYMENT DETAILS - AP Employment Type* ID Type* (Where applicable) Designation Name of the firm/Company* Business Consitution* Total Experience Office Address* Landmark* City* State* Tel No.* Preferred Address to Contact* INSURANCE NOMINEE DETAIL Relationship with Applicant* Name* Residence Address * Landmark*	Self Employed Businessman Self Employed Businessman Professional ID Employment ID Relevant ID No. Department	Others
EMPLOYMENT DETAILS - AP Employment Type* ID Type* (Where applicable) Designation Name of the firm/Company* Business Consitution* Total Experience Office Address* Landmark* City* State* Tel No.* Preferred Address to Contact* INSURANCE NOMINEE DETAIL Relationship with Applicant* Name* Residence Address * Landmark* City*	PPLICANT Salaried Self Employed Professional Self Employed Businessman Professional ID Employment ID Relevant ID No. Department Proprietorship Partnership Public Limited Company Private Limited Company Years Months Office Owned Y N Pincode* Extension No. Website Residence Office Pincode* Pincode*	Others
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EMPLOYMENT DETAILS - AP Employment Type* ID Type* (Where applicable) Designation Name of the firm/Company* Business Consitution* Total Experience Office Address* Landmark* City* State* Tel No.* Preferred Address to Contact* INSURANCE NOMINEE DETAIL Relationship with Applicant* Name* Residence Address * Landmark* City* State* Tel No.* To add more Co-applicants/Guarantor. DETAILS OF EXISTING LOAN	PPLICANT Salaried	n Property

LOAN AGAINST SECURITIES Please fill the following details in case of Loan Against Shares/securities,else ignore Retails Loan Against Shares/Securities Promoter Loan Against Shares/Securities Client Name Client ID Please fill the following details in case of Mortgage Loan, else ignore Loan Against Property - Product Segment Type of Loan* Loan Against Existing Property Lease Rental Discounting Purchase of Commercial Property Loan Against Plot Home Loan - Product Segment Balance Transfer Builder Type of Loan* **Building Purchase** ☐ Plot Purchase Self Construction Under Construstion Plot Purchase + Construstion If Other (Please specify) Loan Against Property and Home Loan - Specific Product Segment (Property Details) Residential Commercial Mixed Usage Type of Property* Self-Occupied Rented Vacant Status of the Property Property Address * Landmark* City* _____ Years _____ __ Months Property Construstion Area Property Age Property Land Area sq.ft. Estimnated Property Value (in ₹) **Processing Fee Details** Cheque DD Instrument Type Instrument No. __ Instrument Date: _ Amount(in ₹)* Bank Name ** To be filled in for respective Product loan



ACKNOWLEDGMENT

Please furnish documents mentioned in the document checklist section for approval* of your loan application. Please write to us at our **Customer Service Mail ID: wecare@bajajfinserv.in** for any queries and suggestions.

Mobile No. of the Sales executive*

Note*: Credit at the sole discretion of Bajaj Finance Limited

Application Form No.

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Cooking Range Vaccum Cleaner Greater than 28 Normal-Flat TV 21 inches or less Semi-Automatic Normal-Flat TV < ₹5 Lacs 1) Broadband Platinum/Titani Motor Others Yes Application Form are true, rentioned in the Application or rollond schemes or any other relation to the unsolicite	Electric Cl. Do not on LCD/LED Between FullyAti Used Car Dial Up Gold Medical Do not own No Form as well as in this undertaking, her promotional schemes and herebild communication referred in "Nation"	Printer wn Plasma 21 to 30 inch Do not wradic Wireless Date Card Silver Property all respects and or through any y authorise M/s nal Do Not Call Printer Plasma 30 inch Do not Others Others Mobile No.*	Do not own Do not have Plant & Machinery	
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< ₹5 Lacs 1) Broadband Platinum/Titani Motor Others Yes Application Form are true, mentioned in the Application rotional schemes or any other in relation to the unsolicite	Dial Up Gold Medical Do not own No correct, complete and up-to-date in a form as well as in this undertaking, her promotional schemes and herebid communication referred in Nation	1) Wireless Date Card Silver Others Property all respects and or through any y authorise M/s nal Do Not Call	Do not have Plant & Machinery	
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cation without assigning an orise Bajaj Finserv & agree rd bureau, financial instituti g this application form, I/W sajaj Finserv sending me/us ivileges. I/We accord the at e have no objection to give	y reason whatsoever. I further acknov not to hold Bajaj Finserv responsible ons, any third party engaged by Bajaj We am /are deemed to have accepte offers of their products or service of i sove concern not withstanding the gr the documents required as per KYC g	wledge that the processing fees given by n e for any disclosure at any time of any inf i) Finserv for purpose of property verification d, read, understood and agreed to be bo, its subsidiaries, affiliates or associate comps rant of loan facility, its rejection by Bajaj Fil	ne is non-refundable and in case of rejection ormation relating to me/mine/us/our loar n, operation of details of the application for und by the terms (including amendments anies of Bajaj Finserv. The use of above info	on of m n/facility orm, load thereof ormation
	Co-Applicant's	Signature	Co-Applicant's Signature	
	Co-Applicant's	Signature	Co-Applicant's Signature	
urce Code*		DSA Referral Code*		— E
anager's Name*		Sales Executive's Name*		 0.04/Apr
	Sales Executive's Signature*	Lead/9	Source*	–
	ration without assigning an orise Bajaj Finserv & agree d bureau, financial instituti g this application form, JV ajajaj Finserv sending me/us vivileges. J/We accord the all e have no objection to give loan from Bajaj Finserv per Identification (EMI)	action without assigning any reason whatsoever. I further acknor orise Bajaj Finserv & agree not to hold Bajaj Finserv responsibl d bureau, financial institutions, any third party engaged by Baja g this application form, I/We am /are deemed to have accept ajajaj Finserv sending me/us offers of their products or service inviteges. I/We accord the above concern not withstanding the ge have no objection to give the documents required as per KYC of loan from Bajaj Finserv over Identification (EMI) card Co-Applicant's Co-Applicant's urce Code* anager's Name*	cation without assigning any reason whatsoever. I further acknowledge that the processing fees given by morise Bajaj Finserv & agree not to hold Bajaj Finserv responsible for any disclosure at any time of any infe d bureau, financial institutions, any third party engaged by Bajaj Finser for purpose of property verification g this application form, I/We am /are deerned to have accepted, read, understood and agreed to be box lajaj Finserv sending me/us offers of their products or service of its subsidiaries, affiliates or associate compavileges. I/We accord the above concern not withstanding the grant of loan facility, its rejection by Bajaj Finserv between the documents required as per KYC guidelines issued by RBI. Co-Applicant's Signature Co-Applicant's Signature	Co-Applicant's Signature Co-Applicant's Sign

Customer Service Mail ID: wecare@bajajfinserv.in for any queries and suggestions. Your application will be assessed quickly after receiving the required documents. Please quote the application number mentioned in this slip for any enquiries or logon to your Experia account.

CO-APPLICANT/GUARANTOR DETAILS This is a Continuation to Loan Application Form No. : Individual Company Proprietor Authorised Signatory Director If Individual, then* Single Gender* Μ Marital Status* Married F I R S T I D D I F S T Father's/Spouse's Name* Colour Photograph Public Limited Company Partnership If Company, then Proprietorship Type/Constitution* Private Limited Company Others Name of the Co-Applicant/ F I R Guarantor³ D D Date of Incorporation/Birth* PAN Passport ID Document Type* Voter ID Driving License Ration Card Relevant ID No.* Residence Office Registered Office Preferred Mailing Address* Office/Residence Address* Landmark* Pincode* City* State* Mobile* Email ID Tel No.* REGISTERED OFFICE DETAILS Yes Same as above * Office Address* Landmark* City* Pincode* State* Tel No. 1* Tel No. 2 Website **CO-APPLICANT/GUARANTOR DETAILS** Individual Company If Individual, then* Proprietor Authorised Signatory Director ______F Married Single Gender* Μ Marital Status* Father's/Spouse's Name* F I R S T D D L Colour Photograph Proprietorship Partnership Public Limited Company If Company, then Type/Constitution* Private Limited Company Others Name of the Co-Applicant/ Guarantor* Date of Incorporation/Birth* Voter ID ROC Registration PAN Passport Driving License Ration Card UID ID Document Type* Relevant ID No.* Office Residence Preferred Mailing Address* Registered Office Office/Residence Address* Landmark² Pincode* City* State* Mobile* _ Tel No.* Email ID REGISTERED OFFICE DETAILS Yes No Same as above * Office Address* Landmark* City* Pincode* State³

Tel No. 2

Website

Tel No. 1*