Regd. A	dd.: Office No.16, Ganesh M -mail : <u>gyaneshindianidh</u>	5929MH2020P /larket Sector - 2	P LN3368 , Airoli, Na <u>WWW.gy</u>	29 avi Mumba	ai, MH - 400708		
LOAN APPLICATION FORM							
Member ID Branch Airoli Date / /							
Loan Application No.							
1. CLIENT,S INFORMATIO	N						
Name of Applicant							
Registration No.	GST	ĪN					
Type of Entity Ltd. Co.	Partnership Club	Group	S	elf	Other		
Permanent Address:							
Mobile No.	E:mail:						
Present Address:							
If rented: Lease Period							
2. PARTICULARS							
Type of Business: Name of Employer:							
Location:							
No. of Years in Operation: Employer Address:							
3. NOMINEE DETAILS							
Name	Ad	ldress	Telep	hone	Relationship		
4. LOAN PARTICULARS							
Amount Applied for		aily Payment (F					
Repayment Period Monthly Repayment							
ACCOUNT IN OTHER BANKS / FINANCIALS INSTITUTION(S)							
Bank Name	Branch		IFSC Code				

LOAN IN OTHER BANKS / INSTITUTION(S)							
Name of Bank/ Institution	Amount Advance	Date of Advance	Repayment Period	Outstanding Amount			

6. DECLARATION

I/ we declare that the information given herein is true to the best of My?our knowledge and belif. I/We further authorize Gyanesh India Nidhi Limited. to verify the information given herein and make reference from any person(s) / institution(s) named herein.

In connection with this application, and/ or maintaining a credit facility with Gyanesh India Nidhi Limited. May carry out credit checks with a creditnreference agency. In the event of the account going into deafault, my Name and transaction details will be recording with the credit reference agency. This information may be used by other institutions in assessing applicant for credit by me. Associated companies and supplementary account holders and for occassional debt tracing and fraud prevention purposes.

1. WITNESS	1. WITNESS
Name	Name
A/C No.	A/C No.
Member ID	Member ID
Address.	Address.
Mob. No.	Mob. No.
Signature	Signature

Please fill in Appropriate Block

Occupation	Service	Business	Farming	Professional	Housewife	Student	Other	
Address (Attach Photocopy)	Identity Card	Voter I.D.	Electricity Bill	Telephone Bill	Driving Licence	Ration Card	Other	
Identity Card (Attach Photocopy)	Identity Card	Voter I.D.	PAN Card	Passport	Driving Licence	Aadhar Card	Other	

OFFICE USE ONLY					
Name Of Applicant / Director / Partner	Signature	Date			
1					
2.					
3.					
Withnessed by Credit Officer: Name	Signature	Date			

	DATE: D D M M Y Y Y Y				
	LOAN BY : CASH CHEQUE				
	BANK NAME:				
	BRANCH:				
	ACCOUNT NO				
Applicant Signature	IFSC CODE:				
Applicant Oignature	CHEQUE NO				
	Office Stamp & Signature of Authorised Officer				