



## HOME LOANS

Fields marked with "\*" are mandatory fields.

Personal Detail*	Co-Applicant		Guarantor		Co-Applicant		Guarantor	
	Name*		Name*		Name*		Name*	
Name*	PR EF IX F I R S T N A M E		PR EF IX F I R S T N A M E		PR EF IX F I R S T N A M E		PR EF IX F I R S T N A M E	
	M I D D L E N A M E		M I D D L E N A M E		M I D D L E N A M E		M I D D L E N A M E	
	L A S T N A M E		L A S T N A M E		L A S T N A M E		L A S T N A M E	
Father's / Spouse Name*	PR EF IX F I R S T N A M E		PR EF IX F I R S T N A M E		PR EF IX F I R S T N A M E		PR EF IX F I R S T N A M E	
	M I D D L E N A M E		M I D D L E N A M E		M I D D L E N A M E		M I D D L E N A M E	
	L A S T N A M E		L A S T N A M E		L A S T N A M E		L A S T N A M E	
Mother Name*	PR EF IX F I R S T N A M E		PR EF IX F I R S T N A M E		PR EF IX F I R S T N A M E		PR EF IX F I R S T N A M E	
	M I D D L E N A M E		M I D D L E N A M E		M I D D L E N A M E		M I D D L E N A M E	
	L A S T N A M E		L A S T N A M E		L A S T N A M E		L A S T N A M E	
Date of Birth / Incorporation*	D D M M Y Y Y Y		D D M M Y Y Y Y		D D M M Y Y Y Y		D D M M Y Y Y Y	
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	
Marital Status*	<input type="checkbox"/> Single <input type="checkbox"/> Married		<input type="checkbox"/> Single <input type="checkbox"/> Married		<input type="checkbox"/> Single <input type="checkbox"/> Married		<input type="checkbox"/> Single <input type="checkbox"/> Married	
Citizenship*	<input type="checkbox"/> Indian <input type="checkbox"/> Others ISO 3166 Country Code <input type="text"/>		<input type="checkbox"/> Indian <input type="checkbox"/> Others ISO 3166 Country Code <input type="text"/>		<input type="checkbox"/> Indian <input type="checkbox"/> Others ISO 3166 Country Code <input type="text"/>		<input type="checkbox"/> Indian <input type="checkbox"/> Others ISO 3166 Country Code <input type="text"/>	
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian		<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian		<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian		<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian	
	<input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin		<input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin		<input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin		<input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin	
Occupation Type*	<input type="checkbox"/> Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector		<input type="checkbox"/> Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector		<input type="checkbox"/> Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector		<input type="checkbox"/> Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector	
	<input type="checkbox"/> Government Sector		<input type="checkbox"/> Government Sector		<input type="checkbox"/> Government Sector		<input type="checkbox"/> Government Sector	
	<input type="checkbox"/> Other <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed		<input type="checkbox"/> Other <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed		<input type="checkbox"/> Other <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed		<input type="checkbox"/> Other <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed	
	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student		<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student		<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student		<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student	
	<input type="checkbox"/> Business <input type="checkbox"/> Not Categorized		<input type="checkbox"/> Business <input type="checkbox"/> Not Categorized		<input type="checkbox"/> Business <input type="checkbox"/> Not Categorized		<input type="checkbox"/> Business <input type="checkbox"/> Not Categorized	
Category*	<input type="checkbox"/> Gen <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> EWS <input type="checkbox"/> Other_____		<input type="checkbox"/> Gen <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> EWS <input type="checkbox"/> Other_____		<input type="checkbox"/> Gen <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> EWS <input type="checkbox"/> Other_____		<input type="checkbox"/> Gen <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> EWS <input type="checkbox"/> Other_____	
Religion*	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Qualification*	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
CKYC No.	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
	Relation with applicant _____		Relation with applicant _____		Relation with applicant _____		Relation with applicant _____	

Applicant  
Please paste latest color passport size photograph here with signature across

Co-Applicant/  
Guarantor  
Please paste latest color passport size photograph here with signature across

Address	
Permanent Address*	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
District*	<input type="text"/>
Pin / Post Code*	<input type="text"/>
State / U.T Code*	ISO 3166 Country Code* <input type="text"/>
No. of years of current address	Y Y M M No. of years in current city Y Y M M
Current Residence	<input type="checkbox"/> Self Owned <input type="checkbox"/> Rented <input type="checkbox"/> Other (Please Specify)
Current Residence	<input type="checkbox"/> Same as Permanent/Overseas Address details
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
District*	<input type="text"/>
Pin / Post Code*	<input type="text"/>
State / U.T Code*	ISO 3166 Country Code* <input type="text"/>
No. of years of current address	Y Y M M No. of years in current city Y Y M M
Current Residence	<input type="checkbox"/> Self Owned <input type="checkbox"/> Rented <input type="checkbox"/> Other (Please Specify)
Number of Related Persons (Please refer instruction E at the end)	<input type="text"/>

Information on religion / community / caste etc. is for statistical purpose and not for any other use.

