



**GUARANTOR DETAILS :**

Name:

Date of Birth/Date of Registration:  D  D  M  M  Y  Y  Y  Y Age:  Religion:

Relationship to Borrower:  Category:  ST  SC  OBC  Others

Mother's Maiden Name:  Father's Name:

Gender:  Male  Female Marital Status:  Married  Single

I.T. Status:  Individual  HUF  Partnership  Proprietor  Company Education:  Undergraduate  Graduate  Post Graduate  Others

Voter ID No.:  PAN No.:  Driving Licence No.:

Residence Address:  No. of years at above residence:  If rented, monthly rent: Rs. /-

Residence Type: Pucca  Kachha  Temporary  Shed  Others

Landmark:  Permanent Address:

Taluka:  City:  District:

State:  Pincode:  Landmark:  Taluka:

Telephone No.:  City:  District:

PP No.:  State:  Pincode:

Mobile No.:  Telephone No.:  PP No.:

E-mail:  E-mail:  Mobile No.:

**DETAILS OF ASSETS OWNED**

Borrower	Land Holding	Fixed Asset	Other Assets Such As FD, Life Insurance, Mutual Fund etc.,
Applicant			
Co-applicant 1			
Co-applicant 2			
Guarantor			

**DETAILS OF IMMOVABLE PROPERTY/LAND HOLDING & INCOME FOR BORROWER, CO-BORROWER & GUARANTOR**

Borrower	Land Holding	Crop Details	Income	Other Income	Source
Applicant					
Co-applicant 1					
Co-applicant 2					
Guarantor					

**DETAILS OF LOANS TAKEN AND BANK FOR BORROWER, CO-BORROWER & GUARANTOR**

Borrower	Loan Amount & Tenure	Outstanding Amount	Financial Institution & Loan Account No.
Applicant			
Co-applicant 1			
Co-applicant 2			
Guarantor			

Borrower	Saving Account No.	Bank Name & Branch
Applicant		
Co-applicant 1		
Co-applicant 2		
Guarantor		

Nature of work / Income:  Agricultural/  Self-Employed /  Salaried (please tick all applicable categories)

If salaried, Salaried Income (Rs. annum):  Sector:  Govt./  Private Others:

Present Employer Name:

Designation and department:  No. of years of current job:  years/month

Name of Previous:  No. of years at previous job:  years/months

If self employed, Name of proprietary / partnership concern:

Nature of Business:

No. of Years in current business:  Total no. of years in business:  If self employed, Annual income:

Office/Shop address:

Nature of Agricultural activity:  Food/  Grains  Cash Crops  Plantations

Area Cultivated:  Owned  Leased

Total Years in Agricultural activity:  years Gross Annual Income from Agriculture (Rs.)

Crop Yield / Income Data for the year 20

**DECLARATION :**

I /We  consent  do not consent to receive information /service etc for Marketing purposes through Telephone / Mobile / SMS / Email by the Bank/its agent. (I /We confirm that I / We have read and understood the above Declaration , and that all the details provided on the form are true and correct.

I/We agree and acknowledge that only direct telephone numbers (not board/ general telephone numbers of offices/corporates/employers) will be accepted for registration of "Do Not Call". I/We am/are aware that post registration I/We may receive a call from the Bank to verify the correctness of request for registration.

I / we, declare that the information given in the application form is true, correct and complete and it shall form the basis for any kind of facility HDFC Bank Limited may decide to give under the various Tractor and Farm Equipment Loan Schemes. I /we confirm that I /we are not defaulters of any Bank /Financial Institution /Credit Society I /we also confirm that I / we have no insolvency proceedings pending against me / us nor have I / we ever been adjudicated insolvent. I /we agree and confirm that grant of loan facility shall be at sole discretion of HDFC Bank Limited In the event of any loan facility granted to me/us, I/we undertake to abide by the rules and regulations of HDFC Bank Limited in respect of the said loan facility. I /we also undertake to reimburse the bank with necessary amounts towards interest for period of delay, if any, in collection of cheques / securities handed over to HDFC Bank Limited towards repayment of loan due to reasons beyond control of HDFC Bank Limited. I/We hereby authorize & give consent to the Bank to disclose, without notice to me/us, information furnished by me/us in application form(s)/related documents executed/to be executed in relation to the facilities availed from the Bank, to the Bank's other branches/subsidiaries/affiliates Credit Bureaus/Rating Agencies, Service Providers, banks/financial institutions, governmental/regulatory authorities or third parties for KYC information verification, credit risk analysis, or for other related purposes that the Bank may deem fit. I/We waive the privilege of privacy &privity of contract. I /we agree and confirm that all documents submitted in connection with the application including, but not limited to, photocopies of original documents, photographs, signature verification, address verification, bank details etc. shall become sole property of HDFC Bank Limited and shall not be returned / handed over by HDFC Bank Limited to the applicant and / or any person on behalf of the applicant and / or any other person, Any initial. payment pursuant to this application will be banked prior to the approval of this application, but it shall not imply acceptance of proposal. In case of rejection of my / our application, initial payment will be refunded without interest.

The bank has disclosed to me/us all the commission (in the form of up-front and trail commissions) payable to them for policy recommended to me/us.

**RELATIONSHIP (Details of relationship, of applicant with other banks)**

Applicant is a director of any Bank or is a firm in which any director of the Bank is interested as partner / guarantor or is a relative of directors of other banks or is a firm in which relatives of directors are interested as partner of director.

Yes  No  Nature of Relationship \_\_\_\_\_

**RELATIONSHIP (Details of relationship, of applicant with financing bank)**

Applicant is a director / senior office / relative of director or senior officer of the Bank

Yes  No  Nature of Relationship \_\_\_\_\_

<b>Borrower Photograph with Signature / Thumb Impression</b>	<b>Co-Borrower Photograph with Signature / Thumb Impression</b>	<b>Co-Borrower Photograph with Signature / Thumb Impression</b>	<b>Guarantor Photograph with Signature / Thumb Impression</b>
Name : _____	Name : _____	Name : _____	Name : _____
Signature : _____	Signature : _____	Signature : _____	Signature : _____
<b>Please affix Photograph</b>	<b>Please affix Photograph</b>	<b>Please affix Photograph</b>	<b>Please affix Photograph</b>
Name : _____	Name : _____	Name : _____	Name : _____
Signature : _____	Signature : _____	Signature : _____	Signature : _____
Status : Co-Borrower / Guarantor	Status : Co-Borrower / Guarantor	Status : Co-Borrower / Guarantor	Status : Co-Borrower / Guarantor

**ANNEXURE TO APPLICATION FORM :**

Sr. No.	SERVICES	CHARGES
1.	Processing Charges	2% of the Loan Amount
2.	Swap Charges (Replacement of PDCS)	Rs. 500/- per swap per instance
3.	Statement of Account	Rs. 500/- per Statement
4.	Cheque Bouncing Charges	Rs. 450/- per instrument per instance
5.	Change in repayment frequency	Rs. 1,000/- for each instance
6.	Overdue Interest (Monthly)	2% Per month on unpaid Installment
7.	Pre-payment Charges } Before 12 months from the Date of Disbursement After 12 months from the Date of Disbursement	4% 2%
8.	Loan Reschedulement for Part Payment	3%
9.	Loan cancellation & Rebooking Charges	Rs. 1000/-
10.	NOC Issuance Charges	First Nil, Duplicate NOC Rs. 250/-
11.	Service Charges	Rupees at Actuals

Note : The above charges are applicable on loan amount as per PSL and RBI Directives & Guidelines.

Important : If the applicant belongs to any of the below category, please tick the box.

**PRIORITY SECTOR CATEGORY**

Agriculturist / Farmer	<input type="checkbox"/>	SSSBE's (Small Scale Service and Business Enterprises) with investment upto Rs. 10 lacs in fixed assets.	<input type="checkbox"/>
Allied Agriculture Activity Dairy, Piggery, Poltry, Fisher, Bee-Keeping, Cattle Feed, Poultry Feed, Plantation, Horticulture fertilizers, pesticides, seeds etc.	<input type="checkbox"/>	Laundry & Dry Cleaning.	<input type="checkbox"/>
Indirect Finance to Agri Service units contacting Tractors / Borewells / other equipments to farmers & Dealers in agri machinery.	<input type="checkbox"/>	Tailoring	<input type="checkbox"/>
Khadi & Village Industries (KVI Sector)	<input type="checkbox"/>	Typing / Xeroxing / DTP Centres.	<input type="checkbox"/>
SSI's with Plant & Machinery < 1 crore.	<input type="checkbox"/>	STD/ISD booths, printer, fax services	<input type="checkbox"/>
Tiny Industries with P & M < 25 lacs.	<input type="checkbox"/>	Cable TV network	<input type="checkbox"/>
Other SSI's Handloom Co-operatives	<input type="checkbox"/>	Internet browsing / Cyber Café	<input type="checkbox"/>
Road / Water Transport Operators owning a fleet not exceeding 10 vehicles.	<input type="checkbox"/>	Beauty parloours & Creches	<input type="checkbox"/>
Private Retail Traders with credit limits less than Rs. 10 lacs / Traders in Essential commodities.	<input type="checkbox"/>	Auto Repair & Service Garage	<input type="checkbox"/>
Small Business individuals / firms running a business enterprise providing non professional services with equipments cost < 20 lacs.	<input type="checkbox"/>	Servicing, Maintenance, repair of all types of autos, machinery, electronics, electrical equipments, watches etc.	<input type="checkbox"/>

**FOR OFFICE USE ONLY**

Applicaton Received on : \_\_\_\_\_

Received by : \_\_\_\_\_

Signature : \_\_\_\_\_

Sr. No.

**ACKNOWLEDGMENT**

Received from Mr./Mrs./M/s. \_\_\_\_\_

Application form for Loan of Rs. \_\_\_\_\_

Applicant would be advised of the Bank's decision on the Application within two weeks from the receipt of complete information all necessary Documents as per Bank.

Application Recd. by \_\_\_\_\_

Recd. at \_\_\_\_\_

For HDFC Bank Limited

Date \_\_\_\_\_

Authorised Signatory / Representative

## Tractor Insurance cum Credit Protect - Proposal Form

(All Fields are mandatory and fill in CAPITALS only)

### Tractor Insurance cum Credit Protect - Proposal Form

APPLICATION FORM NO.:

Name :

Residence Address:

Taluka:  City:

District:  State:  Pincode:

Tel. No.(Res):  Mobile No.:

Tractor Insurance       Credit Protect       Both

I propose to take the section(s) ticked above.

### SECTION 1 : Tractor Insurance

#### Premium

Ex. showroom price	Amount	Premium Rs.		
		1st Year	2nd Year	3rd Year
Tractor				
Trailer				

#### Options: Section 1 and Section 2

I hereby authorize HDFC Bank Ltd. to pay the premium on my behalf, for Insurance, deduct the 1st year premium from dealer disbursement and finance the second and third year premium, which is to be included in my loan amount from the bank and recovered from me in EMIs.

Declaration: I hereby declare that the above statements are true & complete in all respects and that there is no other information, which is relevant to my application of insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and HDFC ERGO General Insurance Company Ltd and I agree to accept the policy subject to the condition prescribed by HDFC ERGO General Insurance Company Ltd.

The policy holder shall be eligible for No Claim Bonus at renewal if not claim was made or pending during the preceding full year of insurance. If the policy at renewal is issued with No Claim Bonus on an assumption that no claim was made or pending during the preceding year and subsequently it is brought to the notice of the Company that a claim was reported pending before the date of renewal the Company reserves the right to collect the No Claim Bonus from the policy holder.

PLACE

DATE

\_\_\_\_\_  
SIGNED (Claimant or authorized person)

### SECTION 2 : Credit Protect


Premium Amount

HDFC LIFE GROUP CREDIT PROTECT INSURANCE PLAN (UIN: 101N079V01) MEMBERS INFORMATION FORM							
DETAILS OF MEMBER		Name		Gender M <input type="checkbox"/> F <input type="checkbox"/>		DOB dd/mm/yyyy	
Address		Death Benefit: Level Term Assurance		SA (Loan Amount)		Term	
		Nature of Age Proof Driving License		Passport <input type="checkbox"/> PAN card <input type="checkbox"/>		Employer's name	
		City		Pin		Leaving Certificate <input type="checkbox"/> Others <input type="checkbox"/>	
Identification Mark		Occupation		Tele		Email	
SHORT MEDICAL QUESTIONNAIRE - HEALTH DETAILS OF MEMBER (Please tick the box for your answer)							
1. Have you ever suffered or are currently suffering from: (a) Chest Pain or heart attack or any other heart disease (b) Cancer, tumor, growth or cyst of any kind (c) Stroke, paralysis, Epilepsy, any psychiatric / mental disorder, disorder of brain/nervous system or any kind of physical disabilities (d) Asthma, Tuberculosis or other lung disorder (e) Diseases or disorder of muscles, bones or joints, arthritis or blood disorder (anaemia) or any endocrine disorder (f) Diseases of the kidney, digestive system (stomach, pancreas, gall bladder, intestines) liver, Hepatitis B or C or HIV/AIDS infection (g) Diabetes, high blood pressure							Yes <input type="checkbox"/> No <input type="checkbox"/>
2. During the last 5 years have you undergone any major surgery or been hospitalized for more than one week?							Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Do you take part in any adventurous sports or hobbies? (like paragliding, mountaineering, deep sea diving, motor racing, bungee jumping etc)							Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Do you smoke more than 10 cigarettes a day?							Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Has more than one of your close relatives died before the age of 60 years as a result of heart attack, stroke, cancer, diabetes?							Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Are you taking any medication or has a doctor ever attended you for any conditions, diseases or impairment not mentioned above (except for cough or cold)?							Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Female life only: Are you pregnant?							Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Have you ever been declined, deferred, and accepted at special terms, had cover reduced or had exclusion imposed for any life, health or accident insurance cover.							Yes <input type="checkbox"/> No <input type="checkbox"/>
Please take note that it is important to answer the above questions correctly. Any false information will lead to rejection of the application or the claim in future.							
Date & Place _____				Signature _____			

<b>DETAILS OF NOMINEE</b>										Benefits will be paid to the master policyholder. The balance death benefit amount (after adjustment against outstanding loan, if any) will be paid to the nominee.									
Name										DOB dd/mm/yyyy			Gender M <input type="checkbox"/> F <input type="checkbox"/>			Relationship with Member			
Address										Email							Tele		

**DECLARATION :** I understand, agree and confirm that these statements and this declaration are basis of the contract between the insurer and the policyholder. If any untrue statement are contained herein or there has been any non disclosure of any material fact, the policy to be issued by the insurer in the name of the policyholder may be treated as void as far as I am concerned. I confirm that I have read and understood, the rules and any additional rules of the HDFC Life Group Credit Protect Insurance Plan, the standard Policy provisions and any additional provisions that govern the policy to be issued by insurer in the name of the policyholder and on my life, and I agree and confirm that the same shall be binding on me. I authorise the policyholder to disclose to the insurer such particulars as they may require including the details given above and any changes to the same pay the premium payable on my behalf/collected from me to the Insurer. I understand that any statutory levy or charges including any indirect tax may be charged to me either now or in future by the insurer and I agree to pay the same. I understand that HDFC SLIC has the right to reject a proposal without giving reasons thereto and client to give an undertaking thereof that he shall not raise any claims thereof. I understand the significance of the contract and the contract will be governed by the provisions of the Insurance Act 1938 and that the same will not commence until written acceptance of this application by Insurer issue on its normal terms and conditions is received.

Signature \_\_\_\_\_ Date & Place \_\_\_\_\_



**HDFC Life**  
*Sar utha ke jayo!*

HDFC Standard Life Insurance Company Limited. Insurance is the subject matter of the solicitation.  
 Registered Office: HDFC Standard Life Insurance Company Limited, Ramen House, 169 Backbay Reclamation, Mumbai - 400 020.  
 Tel. No. : 1800-227-227 / 6000 9191

HDFC Bank is the master policyholder for this policy.

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