



The Branch Manager
Dena Bank, _____ Branch.

For office
use only

Dt. of Receipt _____ Initials _____
Loan A/c No. _____ File No. _____

I / We _____ and _____ hereby apply for loan of Rs. _____
(Name of applicant) (Name of co-applicant)
(Rupees _____ only) under your Bank's Dena Rent Scheme for the purpose of _____
_____ against assignment of future rentals. I / We give here below the required details:

1) Constitution : Individual Firm Pvt Limited Company Limited Company Trust
(If Individual, Please fill in the "personal Information Form", other than Individual, Please fill in the following) :

Office / Business Address _____
Contact Persons 1. _____ Designation _____ 2. _____ Designation _____
Line of Activity _____

1

2

3

	1	2	3
Name of Prop./ Partner / Director			
Age of Prop./ Partner / Director			
Net Worth of Prop./ Partner / Director			
Tel. No. (with STD code) of Prop./ Partner / Director			
Mobile No. of Prop./ Partner / Director			

2) Details of property, rental of which are to be assigned and which is to be mortgaged as security:

1. Details of Property :

Property - 1

Property -2

a) Address
b) Owner's Name/s
c) Area of Plot / Flat/ Building
d) Built up Area (Sq. ft. / Sq. yd.)
e) Type of property (Commercial / Residential)
f) Number of Storeys
g) Appox. Present Market value

2. Details of Lessee:

a) Name of Lessee
b) Line of activity of the Lessee
c) Turnover of the Lessee (Last financial year)
d) Year of Incorporation of Lessee
e) Key person & contact No. of lessee

3. Details of Lease Deed:

a) Period of Lease
b) Residual Lease period
c) Monthly Rent Rs. _____ Rs. _____
d) Amount of TDS, if any Rs. _____ Rs. _____
e) Increase in rent after every _____ Years _____ Years
f) % and Amount of increase in rent _____ % , Rs. _____ _____ % , Rs. _____

4. Details of Bank A/c where rent is being credited at present :

a) Name of Bank and Branch

3) Processing Fee Details:

Amount Rs. _____ Cheque No. _____ Dated _____ Drawn on Bank / Branch _____

4) Whether stood as guarantor for any borrower of : 1) Dena Bank Yes No 2) Any other Bank Yes NoIf yes, please give details like (Name of the bank, branch, amount and for whom) _____
_____**5) Details of Guarantor/s / Reference (if any) :**

Full Name : _____	Full Name : _____
S/o / D/o / W/o : _____	S/o / D/o / W/o : _____
Address : Residence: _____	Address : Residence: _____
Office: _____	Office: _____
Tel: (Res.) _____ (Off.) _____	Tel: (Res.) _____ (Off.) _____
Mobile No. _____ Fax No. _____	Mobile No. _____ Fax No. _____
Age : _____ years Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age : _____ years Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Monthly Income: Rs. _____ Net Worth : Rs. _____	Monthly Income: Rs. _____ Net Worth : Rs. _____

I / We am / are willing to stand as guarantor/s for the proposed advance as per above request. (Net worth = Total Asset - Total Liabilities)

Date : _____

Place : _____

Signature of guarantor

Signature of guarantor

The enclosed PERSONAL INFORMATION FORM is an integral part of this Application incase of Individual borrower/s and contains all the personal details regarding the applicant /s.

Declaration :

- (a) I/We hereby apply for a loan from Dena Bank for the purpose and extent indicated above against the assignment of future rentals of the property mentioned above. The said property shall be mortgaged to Dena Bank to secure the term loan requested by us. We shall furnish all other information that may be required by you in connection with our application.
- (b) I / We declare that the above property is free from all encumbrances and I / We have clear marketable title of the same.
- (c) I / We declare that the above property is insured for all risks.
- (d) I / We declare that all the particulars and information given in the application form are true, correct and complete and understand that they will form the basis of any loan Dena Bank may decide to grant us.
- (f) I / We undertake to inform Dena Bank regarding any change in our business address and to provide any further information the Bank may require. We understand that the equated monthly instalment comprises principal and interest based on Dena Bank Benchmark Prime Lending rate which is subject to change from time to time. We agree that the Dena Bank has the option to reduce or increase the EMI or even reduce or extend the repayment period consequent upon change in DBPLR.
- (g) I / We agree that the Dena Bank has a right to make discreet enquiries in respect of this application. I / We understand that the Dena Bank shall have the sole discretion to approve / reject our loan application / reduce the loan amount without assigning any reason whatsoever.

Date : _____

Place : _____

Signature of

Applicant

Co-applicant

Documents submitted with application for loans under Dena Rent

(Put '✓' mark against the documents which are submitted & 'X' mark against those which are not applicable)

For individual (self attested copies)

- 2 Passport size photograph of applicant, Co-applicant & Guarantors, if any.
- Age proof (Valid passport / Pan card / Driving License / School leaving certificate).
- Proof of Residence (Telephone bill / electricity bill, Valid passport / Pan card / Driving License).
- Bank statement for 6 months where salary is credited.
- Copy of registered lease deed and copy of the title deed/s.
- Copy of Bank statement of account where the rent is presently being credited.

For Firm, Pvt Limited companies / Limited Companies /Trust (self attested copies)

- 2 Passport size photograph of proprietor / Partners / Directors / Trustees & Guarantors, if any.
- Proof of address.
- Copy of Memorandum and Articles of Association / Registered Partnership Deed / Registered Trust deed.
- Copy of registered lease deed and copy of the title deed/s.
- Resolution for borrowing.
- Copy of Bank statement of account where the rent is presently being credited.
- Bank statement for 1 year (Current & Saving A/c)
- Income Tax returns for the last 3 years along with computation sheet.
- Audited financial statement such as Profit & Loss statement and Balance Sheet for the last 3 years.



Photograph
of
Applicant

Photograph
of
Co-Applicant

Branch _____

Region _____

PERSONAL INFORMATION FORM

Particulars	Applicant			Co - Applicant												
Full Name (In Block letters) S/o, W/o, D/o	Surname	First Name	Middle Name	Surname	First Name	Middle Name										
Address & Tel number a) Present (for correspondence)	Address		Tel. Number	Address		Tel. Number										
b) Permanent																
c) Office																
d) Fax / Mobile / e-mail	Fax no.	Mobile no.	E-mail	Fax no.	Mobile no.	E-mail										
a) Date of Birth	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
b) Age & Sex	_____ Years			<input type="checkbox"/> Male	<input type="checkbox"/> Female	_____ Years			<input type="checkbox"/> Male	<input type="checkbox"/> Female						
c) Educational Qualification	<input type="checkbox"/> Post Graduate / Professional <input type="checkbox"/> Graduate <input type="checkbox"/> Under Graduate <input type="checkbox"/> Illiterate			<input type="checkbox"/> Post Graduate / Professional <input type="checkbox"/> Graduate <input type="checkbox"/> Under Graduate <input type="checkbox"/> Illiterate												
d) Marital Status	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Other			<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Other												
e) Status	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident			<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident												
f) Whether belong to	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General			<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General												
g) Whether belong to minority comm.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____												
h) Whether related to any of Bank's director / officials	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name _____			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name _____												
i) No. of (i) Children/(ii) Dependents	(i) _____ (ii) _____			(i) _____ (ii) _____												
Category	<input type="checkbox"/> Individual <input type="checkbox"/> HUF <input type="checkbox"/> Others			<input type="checkbox"/> Individual <input type="checkbox"/> HUF <input type="checkbox"/> Others												
Occupation	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Professional/Self employed <input type="checkbox"/> Agriculturist <input type="checkbox"/> Dena Bank Employee <input type="checkbox"/> Others (specify)			<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Professional/Self employed <input type="checkbox"/> Agriculturist <input type="checkbox"/> Dena Bank Employee <input type="checkbox"/> Others (specify)												
For those in service a) Name & address of employer	Name _____			Name _____												
(Also specify category)	<input type="checkbox"/> Central / State Govt. <input type="checkbox"/> PSU <input type="checkbox"/> Hospital / Educational institution <input type="checkbox"/> MNC / Corporate / Statutory Body <input type="checkbox"/> Others (Specify)			<input type="checkbox"/> Central / State Govt. <input type="checkbox"/> PSU <input type="checkbox"/> Hospital / Educational institution <input type="checkbox"/> MNC / Corporate / Statutory Body <input type="checkbox"/> Others (Specify)												
b) Designation	<input type="checkbox"/> Executive / Manager <input type="checkbox"/> Officer <input type="checkbox"/> Clerical <input type="checkbox"/> Other			<input type="checkbox"/> Executive / Manager <input type="checkbox"/> Officer <input type="checkbox"/> Clerical <input type="checkbox"/> Other												
In case of Professional & Self employed	<input type="checkbox"/> Doctor <input type="checkbox"/> Dentist <input type="checkbox"/> Practising CA <input type="checkbox"/> Lawyer			<input type="checkbox"/> Doctor <input type="checkbox"/> Dentist <input type="checkbox"/> Practising CA <input type="checkbox"/> Lawyer												
Number of years in present job/occupation	<input type="checkbox"/> Industrialist <input type="checkbox"/> Trader <input type="checkbox"/> Engineer <input type="checkbox"/> Consultant <input type="checkbox"/> Contractor Years Date of retirement <input type="checkbox"/> Other			<input type="checkbox"/> Industrialist <input type="checkbox"/> Trader <input type="checkbox"/> Engineer <input type="checkbox"/> Consultant <input type="checkbox"/> Contractor Years Date of retirement <input type="checkbox"/> Other												
Whether spouse is employed / earning	Yes / No If yes, annual income Rs. _____ p.a.			Yes / No If yes, annual income Rs. _____ p.a.												

Particulars	Applicant	Co - Applicant
a) Residing at present address since	_____ Years	_____ Years
b) House	<input type="checkbox"/> Owned <input type="checkbox"/> Owned & mortgaged <input type="checkbox"/> Rented <input type="checkbox"/> Company Provided	<input type="checkbox"/> Owned <input type="checkbox"/> Owned & mortgaged <input type="checkbox"/> Rented <input type="checkbox"/> Company Provided
c) Landline telephone	<input type="checkbox"/> Owned <input type="checkbox"/> Company Provided	<input type="checkbox"/> Owned <input type="checkbox"/> Company Provided
d) Mobile	<input type="checkbox"/> Owned <input type="checkbox"/> Company Provided	<input type="checkbox"/> Owned <input type="checkbox"/> Company Provided
e) Two wheeler	Make: _____ <input type="checkbox"/> Owned <input type="checkbox"/> Hypothecated	Make: _____ <input type="checkbox"/> Owned <input type="checkbox"/> Hypothecated
f) Car	<input type="checkbox"/> Company Provided Make: _____ <input type="checkbox"/> Owned <input type="checkbox"/> Hypothecated <input type="checkbox"/> Company Provided	<input type="checkbox"/> Company Provided Make: _____ <input type="checkbox"/> Owned <input type="checkbox"/> Hypothecated <input type="checkbox"/> Company Provided
Income Tax PAN	_____	_____
If PAN is not available then any one of	_____	_____
a) Driving licence no.	_____	_____
b) Voter ID card no.	_____	_____
c) Passport no.	_____	_____
d) Employment Identity Card no.	_____	_____
e) Ration Card no.	_____	_____
Income / Expenses	For salaried persons (p. m.) For others (p. m.)	For salaried persons (p. m.) For others (p. m.)
Gross Income from all sources.	Rs. _____	Rs. _____
Total deduction	Rs. _____	Rs. _____
Total expenses	Rs. _____	Rs. _____
Accounts with Dena Bank	A/c with _____ Branch	A/c with _____ Branch
	Type of account	Type of account
	<input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> Term Deposit <input type="checkbox"/> CC /OD/Loan <input type="checkbox"/> Term Loan (Housing/car/other) <input type="checkbox"/> Other <input type="checkbox"/> ATM / Debit card	<input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> Term Deposit <input type="checkbox"/> CC /OD/Loan <input type="checkbox"/> Term Loan (Housing/car/other) <input type="checkbox"/> Other <input type="checkbox"/> ATM / Debit card
Balance in the account	Rs. _____ as of _____	Rs. _____ as of _____
Accounts with other Banks	Bank _____ Branch _____	Bank _____ Branch _____
	<input type="checkbox"/> SB / Current / Term deposit <input type="checkbox"/> CC / OD / Loan <input type="checkbox"/> ATM / Debit card A/c open since _____	<input type="checkbox"/> SB / Current / Term deposit <input type="checkbox"/> CC / OD / Loan <input type="checkbox"/> ATM / Debit card A/c open since _____
Details of credit card	Card No. _____ Bank _____	Card No. _____ Bank _____
Whether overdues with any bank / FI	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of the Bank / FI	_____	_____
ASSETS		
1. Immovable property		
a. Full address	_____	_____
	_____	_____
	_____	_____
b. Original / Purchase price	Rs. _____	Rs. _____
c. Present market value	Rs. _____	Rs. _____
2. Balance in PF	Rs. _____	Rs. _____
3. Saving in Bank	Rs. _____	Rs. _____
4. LIC policy (surrender value)*	Rs. _____	Rs. _____
5. NSCs (with maturity date)*	Dt. of last premium paid _____	Rs. _____
6. Other (specify)	Rs. _____ (Date _____)	Rs. _____
	Rs. _____	Rs. _____
A. Total Assets (1 to 6)	Rs. _____	Rs. _____
*(Separate sheet / copies be enclosed for details / proof)		
LIABILITIES		
1. Loan from:		
a. Employer		
b. Provident Fund	Rs. _____	Rs. _____
c. Credit Society	Rs. _____	Rs. _____
d. Bank	Rs. _____	Rs. _____
e. Family & Friends	Rs. _____	Rs. _____
f. Other	Rs. _____	Rs. _____
2. Any others Liabilities	Rs. _____	Rs. _____
B. Total Liabilities (1 + 2)		
NET ASSETS (Total Assets - Total liabilities) (A - B)	Rs. _____	Rs. _____
	Rs. _____	Rs. _____
I / We declare that all the information given above is true and correct.		
Date : _____	_____	_____
Place : _____	Signature of Applicant	Co-applicant