



**APPLICATION FOR LOAN UNDER
' DENA MORTGAGE LOAN SCHEME '**

The Branch Manager
Dena Bank ,
_____ Branch.

For office
use only

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

I / We _____ and _____
(Name of applicant) (Name of co-applicant)

hereby apply for loan of Rs. _____ (Rupees _____) only) under
your Bank's Dena Mortgage Loan Scheme. I / We give here below the required details:

1) Type of loan - Term Loan 2) Purpose of loan _____ 3) Repayment period _____ Months

4) Security : Equitable mortgage of property. Complete details of the property to be mortgaged are :

- a) Residential OR Commercial OR Industrial
b) Self Occupied OR Vacant OR Rented out (Name of tenants _____)
c) Free hold OR Lease hold _____ occupying premises since _____)
d) Location of the property:
■ Survey / Hissa no. _____ Plot no. _____ Registration District _____, House no. _____,
Building: _____, Road: _____, Ward no. _____,
Tehsil : _____, District : _____, State : _____
■ Distance of the property from financing branch : _____ kms.
e) Age of the building : _____ years, Remaining life of the building : _____ years.
f) Realisable market value of the property (excluding additions like furnishing / air conditioners etc.), Rs. _____
g) The said property is non - agricultural and is free from all encumbrances. I / We have clear & marketable title on the property.

5) I / we agree that upfront fees of Rs. _____ is payable towards processing of this loan application and enclose
cheque no. _____ dtd. _____ drawn on _____ / authorise you to debit my / our S. B./ Current
A/c no. _____ with you for/by Rs. _____ towards the same.

6) 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 and contains all the personal details regarding the applicant /s.

Declaration:

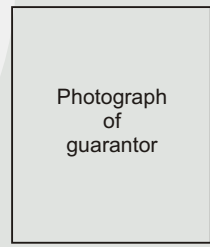
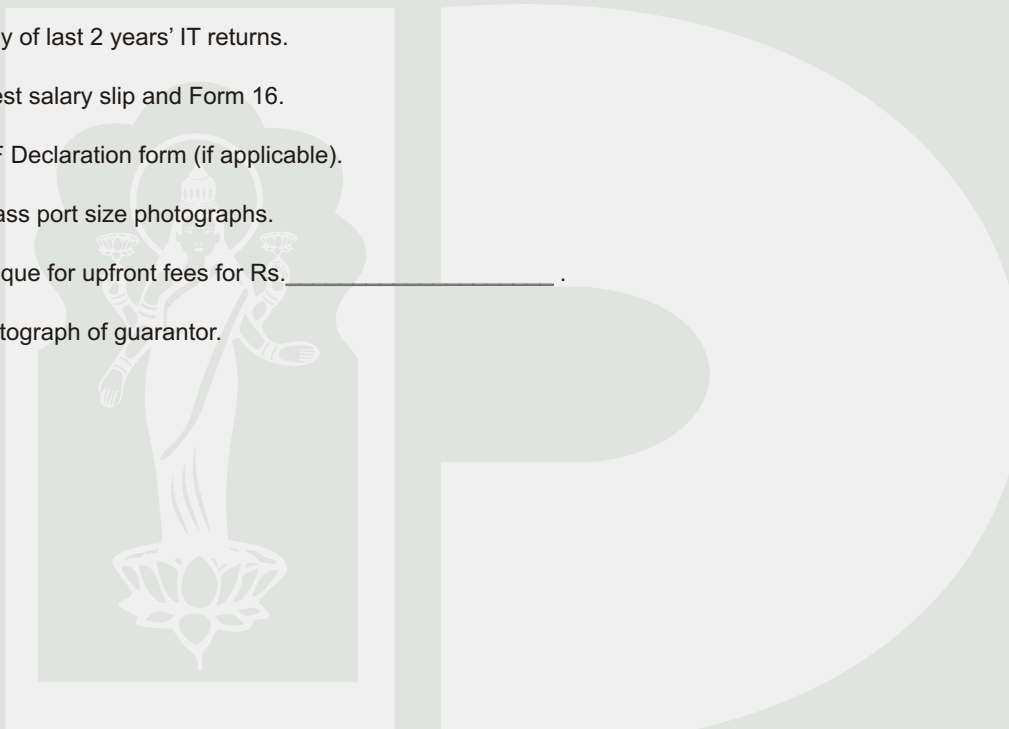
- (a) I / We hereby apply for a loan from Dena Bank for the purpose and extent indicated in the foregoing against equitable mortgage of property mentioned above. The said property shall be mortgaged to Dena Bank to secure the term loan requested by us. I / We shall furnish all other information that may be required by you in connection with my / our application.
(b) I / We declare that all the particulars and information given in the application form are true, correct and complete. I / We understand that the particulars / information will form the basis of any loan Dena Bank may decide to grant to me / us.
(c) I / We undertake to inform Dena Bank regarding any change in my / our business / address and to provide any further information the Bank may require. I / We understand that the equated monthly instalment comprises principal and interest based on Dena Bank's Benchmark Prime Lending Rate (BPLR) which is subject to change from time to time. I / We agree that Dena Bank has the option to reduce or increase the EMI or even reduce or extend the repayment period consequent upon change in BPLR.
(d) I / We agree that Dena Bank has the right to make discreet enquiries in respect of this application and that Dena Bank shall have the sole discretion to reject my / our loan application or reduce the loan amount without assigning any reason whatsoever.
(e) I / We enclose herewith the necessary papers as per list overleaf and agree to execute all documents required by the Bank.

Date : _____
Place : _____ Signature of _____ Applicant _____ Co-applicant _____

Documents submitted with application for loan under 'Dena Mortgage Loan Scheme'

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

1. Application for loan along with Personal Information Form.
2. Title clearance / Search report dated _____.
3. i) Valuation report dated _____ .
ii) Certificate dated _____ of age & remaining life of the building.
4. Original title deeds of the property.
5. Bank statement for last 6 months*.
6. Signature verification from Banker*.
7. Copy of PAN / Passport / Voter Identity Card / Driving Licence / Employment Identity Card/ Ration card.
8. Proof of residence*. (Any of recent from point no.7 or recent electricity bill / Telephone bill etc.)
9. Copy of last 2 years' IT returns.
10. Latest salary slip and Form 16.
11. HUF Declaration form (if applicable).
12. 2 Pass port size photographs.
13. Cheque for upfront fees for Rs. _____ .
14. Photograph of guarantor.



(Signature of applicant/s)

(* Not required where applicant is maintaining CA/SB account with the Branch for more than 6 months).

Our Other Retail Loan Schemes

- **Dena Niwas Housing Finance Scheme : Easy housing loans.**
- **Dena Vidya Laxmi Educational Loan Scheme : Convenient loan for studies in India and abroad.**
- **Dena Auto Finance Scheme : Loans for your dream vehicle: Two wheelers & cars.**
- **Dena Consumer Durables Loan Scheme : For purchase of PCs / laptops and other white goods to make your life style.**
- **Dena Suvridha (Personal) Loan Scheme : Personal loan for any requirement.**
- **Dena Trade Finance Scheme : To help traders with their working capital requirement.**
- **Dena Rent Scheme : Avail loans against your rent receivables.**
- **Dena Senior Citizens (Pensioners) Loan Scheme : Loan for pensioners for personal purpose.**



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