Application Form No.

Version 1.0

## Annexure Form- Credit Facility Details (Only for Individual Current Account)

(Please fill in all details in CAPITAL LETTERS only. All fields marked in "" are mandatory)

					Date* D D M M	1 Y Y Y Y
Branch Code*			Branch Name*			
CRM Lead Nu	ımber*		Product Type*			
ACCOUNT DETAILS*						
Account Name						
CIF Id (for existing customer)						
EXISTING BANKING RELATIONSHIP (CREDIT FACILITY DETAILS)*						
I declare that I do not enjoy credit facilities with other banks.  I declare that I have the following credit facilities with your bank/other banks.						
	Name of Bank/		Nature of Credit	Amount of Credit	Specify whather	Bank where
1 1	Lending Institution	Type of Lending arrangement (Sole/Multiple)	Nature of Credit Facility/Financial Assistance	Facility/Credit Limit (Details of each fund- based & non-fund based facility to beprovided) (IN Rupees)	Specify whether ESCROW/ Collection d Account	Escrow/ Collection Account is Maintained (if applicable)
credit facilities with any of the branches of the Bank or any other bank. I/We declare that, except to the extent disclosed hereinabove, I/we have not availed any credit facility from any bank. I/We am/are aware and acknowledge that the Bank has permitted me/us to open the account believing my/our representations as regards my/our present credit facilities/financial assistance to be true and correct. I/We shall inform the Bank forthwith upon my/our availing any further credit facility/financial assistance, or if there occurs any change in my/our present credit facility/financial assistance or my/our lenders. If the Bank has reason to believe at any point of time that the declaration is untrue, or if I/we fail to inform the Bank about any change in the credit facility/financial assistance or about my/our lenders, the Bank shall be free to take appropriate action against me/us, including suitable legal action, without prejudice to its right to close the account and/or to transfer the proceeds therein to my/our lender(s). I/We am/are also aware and acknowledge that if, after the Bank permitting me/us to open the account, maintaining/continuing the account with the Bank will result in violation of any guidelines issued by RBI/any authority, the Bank shall have every right to take appropriate action as deemed fit by the Bank as regards the account and against me/us.						
			Sigr	nature of the Applicant		
FOR OFFICE	USE ONLY					
Verified By:						
Name						
Signature						
Employee ID	UJJ				Date* D D M I	M Y Y Y Y
Authorised By (Branch Manager):						
Name						
Signature						
Employee ID	UJJ				Date* D D M I	M Y Y Y