ANNEXURE

3.4 PROMOTER/GUARANTO	DR/CO-BORROWER/BENEFICIARY	OWNER/AUTHORISED SIGNATOR	Y DETAILS (Additional details to be	filled in the annexure)				
*Relationship Type Promoter Proprietor Partner Director Authorised signatory Others								
*DOB Category General OBC ST SC Others								
*Gender								
	☐ Unmarried ☐ Others		(ii applicable)					
				Applicant's Photo here				
*Name	First Name	Middle Name	Last Name	Here				
Maiden Name				Please sign across				
Spouse Name								
Father's Name								
*Mother's Name								
**	10th / 10th	I I DID D Durafa saisus	I De aute D No formed advection [Outh ove				
	10 th / 12 th Graduate Post G							
	r Private Sector Government	·		ter Utners				
	ty?		ubmit Form 60/49A if unavailable) _					
Aadhar No.		cation Number/s	Expiry Date					
*Residential Address.		cation Number/s	Expiry Date					
Residential Address.								
	District		City					
	District District	Landmark	City					
State Landmark Landmark								
Country	PinCode	Mobile No						
Email ID								
*Shareholding (%) (NA if not applicable)								
*Whether Personal Guaran	tee is being offered?		*Visually Challenged Yes	i ∐ No				
For Operating Current accou	unt Debit Card Personalized	Kit Internet Banking	Transact # Authorised vide resolution	dated				
			View					
3.5 PROMOTER/GUARANT	OR/CO-BORROWER/BENEFICIAR	Y OWNER/AUTHORISED SIGN	ATORY DETAILS					
	OR/CO-BORROWER/BENEFICIAR			orc .				
*Relationship Type Pro	moter Proprietor Partner	☐ Director ☐ Beneficiary	☐ Authorised signatory ☐ Oth	ers ————				
*Relationship Type Pro	omoter Proprietor Partner Category General O	☐ Director ☐ Beneficiary	Authorised signatory # Oth	ers ————				
*Relationship Type Pro *DOB Pro *Gender Male Fem	omoter	☐ Director ☐ Beneficiary	☐ Authorised signatory #☐ Oth	ers ———				
*Relationship Type Pro *DOB Pro *Gender Male Fem *Martial Status Married	omoter	☐ Director ☐ Beneficiary BC ☐ ST ☐ SC ☐ Other N No ☐ ☐ ☐ ☐ ☐	☐ Authorised signatory #☐ Oth rs (if applicable)	Applicant's Photo				
*Relationship Type Pro *DOB Pro *Gender Male Fem *Martial Status Married Prefix	omoter	☐ Director ☐ Beneficiary	Authorised signatory # Oth					
*Relationship Type Pro *DOB Pro *Gender Male Fem *Martial Status Married Prefix *Name	omoter	☐ Director ☐ Beneficiary BC ☐ ST ☐ SC ☐ Other N No ☐ ☐ ☐ ☐ ☐	☐ Authorised signatory #☐ Oth rs (if applicable)	Applicant's Photo				
*Relationship Type Pro *DOB Pro *Gender Male Fem *Martial Status Married Prefix *Name Maiden Name	omoter	☐ Director ☐ Beneficiary BC ☐ ST ☐ SC ☐ Other N No ☐ ☐ ☐ ☐ ☐	☐ Authorised signatory #☐ Oth rs (if applicable)	Applicant's Photo here				
*Relationship Type Pro *DOB Pero *Gender Male Fem *Martial Status Married Prefix *Name Maiden Name Spouse Name	omoter	☐ Director ☐ Beneficiary BC ☐ ST ☐ SC ☐ Other N No ☐ ☐ ☐ ☐	☐ Authorised signatory #☐ Oth rs (if applicable)	Applicant's Photo here				
*Relationship Type Pro *DOB Pero *Gender Male Fem *Martial Status Married Prefix *Name Maiden Name Spouse Name Father's Name	omoter	☐ Director ☐ Beneficiary BC ☐ ST ☐ SC ☐ Other N No ☐ ☐ ☐ ☐	☐ Authorised signatory #☐ Oth rs (if applicable)	Applicant's Photo here				
*Relationship Type Pro *DOB Pero *Gender Male Fem *Martial Status Married Prefix *Name Maiden Name Spouse Name Father's Name *Mother's Name	omoter	Director Beneficiary SC ST SC Other N No Middle Name	☐ Authorised signatory # ☐ Others (if applicable) Last Name	Applicant's Photo here Please sign across				
*Relationship Type Pro *DOB Pero *Gender Male Fem *Martial Status Married Prefix *Name Maiden Name Spouse Name Father's Name *Mother's Name *Academic Qualification	moter Proprietor Partner Category General Oi ale Third Gender Di Unmarried Others First Name	Director Beneficiary SC ST SC Other N No Middle Name Middle Name	Authorised signatory # Others Office	Applicant's Photo here Please sign across				
*Relationship Type Pro *DOB Pero *Gender Male Fem *Martial Status Married *Name Maiden Name Spouse Name Father's Name *Mother's Name *Academic Qualification Coccupation Public Sector	Category General Olace Third Gender Others First Name 10th/ 12th Graduate Post Gere Government	Director Beneficiary BC ST SC Other N No Middle Name Middle Name PhD Professional Business Self Employe	Authorised signatory # Others (if applicable) Last Name Last Name Degree No formal education [Ed Entrepreneur House makes]	Applicant's Photo here Please sign across				
*Relationship Type Pro *DOB Pro *Gender Male Fem *Martial Status Married *Name Prefix *Name Maiden Name Spouse Name Father's Name *Mother's Name *Academic Qualification Cocupation Public Sectors Whether belongs to minority	Category General Of Category General Category General Gene	Director Beneficiary SC ST SC Other N No Middle Name Middle Name PhD Professiona Business Self Employe Sikh Christian Bud	Authorised signatory # Others (if applicable) Last Name al Degree No formal education [ad Entrepreneur House maked hist Others	Applicant's Photo here Please sign across				
*Relationship Type Pro *DOB Percent Process *Gender Male Feme *Martial Status Married Prefix *Name Prefix *Academic Name Prefix *Mother's Name Public Sector Whether belongs to minorit *Proof of Identity Pass	Category General On Disale Third Gender Others Unmarried Others First Name 10th/ 12th Graduate Post Graduate Sector Government Sey? Not Applicable Muslim port Drivers' License Aadha	Director Beneficiary SC ST SC Other N No Middle Name Middle Name Faduate PhD Professional Business Self Employe Sikh Christian Buc	Authorised signatory # Others (if applicable) Last Name al Degree No formal education [ed Entrepreneur House maked hist Others ubmit Form 60/49A if unavailable)	Applicant's Photo here Please sign across Others er Others				
*Relationship Type Pro *DOB Pro *Gender Male Fem *Martial Status Married Prefix *Name Maiden Name Spouse Name Father's Name *Mother's Name *Academic Qualification Cocupation Public Secto Whether belongs to minorit *Proof of Identity Pass Aadhar No.	Category General OI Lale Third Gender DI Unmarried Others First Name 10 th / 12 th Graduate Post Gir Private Sector Government Private Sector Muslim Prort Drivers' License Aadha	Director Beneficiary SC ST SC Other N No Middle Name Middle Name PhD Professiona Business Self Employe Sikh Christian Bud	Authorised signatory # Others (if applicable) Last Name al Degree No formal education [ad Entrepreneur House maked hist Others	Applicant's Photo here Please sign across Others er Others				
*Relationship Type Pro *DOB Percent Process *Gender Male Feme *Martial Status Married Prefix *Name Prefix *Academic Name Prefix *Mother's Name Public Sector Whether belongs to minorit *Proof of Identity Pass	Category General OI Lale Third Gender DI Unmarried Others First Name 10 th / 12 th Graduate Post Gir Private Sector Government Private Sector Muslim Prort Drivers' License Aadha	Director Beneficiary SC ST SC Other N No Middle Name Middle Name Faduate PhD Professional Business Self Employe Sikh Christian Buc	Authorised signatory # Others (if applicable) Last Name al Degree No formal education [ed Entrepreneur House maked hist Others ubmit Form 60/49A if unavailable)	Applicant's Photo here Please sign across Others er Others				
*Relationship Type Pro *DOB Pro *Gender Male Fem *Martial Status Married Prefix *Name Maiden Name Spouse Name Father's Name *Mother's Name *Academic Qualification Cocupation Public Secto Whether belongs to minorit *Proof of Identity Pass Aadhar No.	Category General Olace Third Gender Olace Third Gender Olace First Name 10th/ 12th Graduate Post Graduate Sector Government Cry? Not Applicable Muslim Port Drivers' License Aadha Cented Owned	Director Beneficiary SC ST SC Other N No Middle Name Middle Name Faduate PhD Professional Business Self Employe Sikh Christian Buc	Authorised signatory Others (if applicable) Last Name al Degree No formal education ed Entrepreneur House maked thist Others ubmit Form 60/49A if unavailable) Expiry Date	Applicant's Photo here Please sign across Others er Others				
*Relationship Type Pro *DOB Perc *DOB Perc *Gender Male Fem *Martial Status Married Prefix *Name Maiden Name Spouse Name Father's Name *Mother's Name *Academic Qualification Occupation Public Secto Whether belongs to minorit *Proof of Identity Pass Aadhar No. *Residential Address.	Category General OI Lale Third Gender DI Unmarried Others First Name 10 th / 12 th Graduate Post Gir Private Sector Government Private Sector Muslim Prort Drivers' License Aadha	Director Beneficiary SC ST SC Other N No Middle Name Middle Name PhD Professiona Business Self Employe Sikh Christian Bud To Voter ID PAN No. (Sucation Number/s	Authorised signatory # Others (if applicable) Last Name al Degree No formal education [ed Entrepreneur House maked hist Others ubmit Form 60/49A if unavailable)	Applicant's Photo here Please sign across Others er Others				
*Relationship Type Pro *DOB Percent Process *Gender Male Feme *Martial Status Married Prefix *Name Prefix *Name Maiden Name Spouse Name Father's Name *Mother's Name *Academic Qualification Doccupation Public Sector Whether belongs to minorit Proof of Identity Pass Aadhar No. Pass Aadhar No. State State State	Category General Oliale Third Gender Oliale Others Unmarried Others First Name	Director Beneficiary SC ST SC Other N No Middle Name Middle Name Business Self Employe Sikh Christian Buch ar Voter ID PAN No. (sucation Number/s Landmark Landmark	Authorised signatory Others (if applicable) Last Name al Degree No formal education ed Entrepreneur House maked hist Others ubmit Form 60/49A if unavailable) Expiry Date	Applicant's Photo here Please sign across Others er Others				
*Relationship Type Pro *DOB Perc *DOB Perc *Gender Male Fem *Martial Status Married Prefix *Name Maiden Name Spouse Name Father's Name *Mother's Name *Academic Qualification Occupation Public Secto Whether belongs to minorit *Proof of Identity Pass Aadhar No. *Residential Address.	Category General Olace Third Gender Olace Third Gender Olace First Name 10th/ 12th Graduate Post Graduate Sector Government Cry? Not Applicable Muslim Port Drivers' License Aadha Cented Owned	Director Beneficiary SC ST SC Other N No Middle Name Middle Name Business Self Employe Sikh Christian Buch ar Voter ID PAN No. (sucation Number/s Landmark Landmark	Authorised signatory Others (if applicable) Last Name al Degree No formal education ed Entrepreneur House maked hist Others ubmit Form 60/49A if unavailable) Expiry Date	Applicant's Photo here Please sign across Others er Others				
*Relationship Type Pro *DOB Percent Process *Gender Male Feme *Martial Status Married Prefix *Name Prefix *Name Maiden Name Spouse Name Father's Name *Mother's Name *Academic Qualification Doccupation Public Sector Whether belongs to minorit Proof of Identity Pass Aadhar No. Pass Aadhar No. State State State	Category General Oliale Third Gender Oliale Others Unmarried Others First Name	Director Beneficiary SC ST SC Other N No Middle Name Middle Name Business Self Employe Sikh Christian Buch ar Voter ID PAN No. (sucation Number/s Landmark Landmark	Authorised signatory Others (if applicable) Last Name Al Degree No formal education Ed Entrepreneur House maked hist Others Albmit Form 60/49A if unavailable) Expiry Date	Applicant's Photo here Please sign across Others eer Others				
*Relationship Type Pro *DOB Pro *Bonder Male Fem *Martial Status Married Prefix *Name Maiden Name Spouse Name Father's Name *Mother's Name *Academic Qualification Occupation Public Secto Whether belongs to minorit *Proof of Identity Pass Aadhar No. *Residential Address. Females	Category General Olivale Third Gender Dlivale Others First Name 10th/ 12th Graduate Post Graduate Muslim Other Drivers' License Aadha District Drivale Owned Proprietor Partner Partner Other Identification PinCode	Director Beneficiary SC ST SC Other N No Middle Name Middle Name Business Self Employe Sikh Christian Buch ar Voter ID PAN No. (sucation Number/s Landmark Landmark	Authorised signatory Others (if applicable) Last Name All Degree No formal education ed Entrepreneur House maked thist Others Albmit Form 60/49A if unavailable) Expiry Date *Physical Disability Yes	Applicant's Photo here Please sign across Others er Others No				
*Relationship Type Pro *DOB Percent Process *Gender Male Feme *Martial Status Married Prefix *Name Maiden Name Spouse Name Father's Name *Mother's Name *Academic Qualification Occupation Public Sector Whether belongs to minorit* Proof of Identity Pass Aadhar No. Pass Aadhar No. State Country State Country Email ID *Shareholding (%) (NA if not	Category General Olivale Third Gender Dlivale Others First Name 10th/ 12th Graduate Post Graduate Muslim Other Drivers' License Aadha District Drivale Owned Proprietor Partner Partner Other Identification PinCode	Director Beneficiary SC ST SC Other N No Middle Name Middle Name PhD Professional Business Self Employe Sikh Christian Bud ar Voter ID PAN No. (su cation Number/s Mobile No Landmark Mobile No ness Experience (in years)	Authorised signatory Others (if applicable) Last Name Degree No formal education Ed Entrepreneur House maked Ho	Applicant's Photo here Please sign across Others Others I No				
*Relationship Type Pro *DOB Percent Pro *DOB Percent Pro *Gender Male Fem *Martial Status Married Prefix *Name Maiden Name Spouse Name Father's Name *Mother's Name *Academic Qualification Occupation Public Sector Whether belongs to minorit* *Proof of Identity Pass Aadhar No. Pass Aadhar No. State Country State Country Pass State Country Mail ID State State Country Mail ID Shareholding (%) (NA if not the NA if not	Category General OI I ale Third Gender DI Unmarried Others First Name 10th/ 12th Graduate Post Gr Private Sector Government Private Sector Government Other Identification I applicable District PinCode applicable Musim Other Identification PinCode Applicable Musim PinCode A	Director Beneficiary SC ST SC Other N No Middle Name Middle Name Business Self Employe Sikh Christian Buch Tar Voter ID PAN No. (sucation Number/s Mobile No Landmark Mobile No Dess Experience (in years)	Authorised signatory Others (if applicable) Last Name All Degree No formal education ed Entrepreneur House maked thist Others Albmit Form 60/49A if unavailable) Expiry Date *Physical Disability Yes	Applicant's Photo here Please sign across Others eer Others No				
*Relationship Type Pro *DOB Percent Pro *DOB Percent Pro *Gender Male Fem *Martial Status Married Prefix *Name Maiden Name Spouse Name Father's Name *Mother's Name *Academic Qualification Occupation Public Sector Whether belongs to minorit* *Proof of Identity Pass Aadhar No. Pass Aadhar No. State Country State Country Pass State Country Mail ID State State Country Mail ID Shareholding (%) (NA if not the NA if not	Category General Olate Third Gender DI Unmarried Others First Name 10th/12th Graduate Post Graduate Muslim Port Drivers' License Aadha Sented Owned Capplicable Muslim Cother Identification Cother	Director Beneficiary SC ST SC Other N No Middle Name Middle Name Business Self Employe Sikh Christian Buck To Voter ID PAN No. (sucation Number/s Mobile No Landmark Mobile No Director Beneficiary Mobile No Mess Experience (in years) Mobile No Middle Name	Authorised signatory Others (if applicable) Last Name Degree No formal education Ed Entrepreneur House maked hist Others Demonstrate No Science Expiry Date *Physical Disability Yes *Visually Challenged Yes	Applicant's Photo here Please sign across Others eer Others No				

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ANNEXURE

3.6 PROMOTER/GUARANTOR/CO-BORROWER/BENEFICIARY OWNER/AUTHORISED SIGNATORY DETAILS							
*Relationship Type Promoter Proprietor Partner Director Beneficiary Authorised signatory Others—							
*DOB Category General OBC ST SC Others							
*Gender							
*Martial Status	Applicant's Photo						
	Prefix	First Name	Middle Name	Last Name	here		
*Name					Diana sina sama		
Maiden Name					Please sign across		
Spouse Name							
Father's Name							
*Mother's Name							
*Academic Qualification							
Occupation Public Sector Private Sector Government Business Self Employed Entrepreneur House maker Others							
Whether belongs to minority? Not Applicable Muslim Sikh Christian Buddhist Others							
*Proof of Identity Passport Drivers' License Aadhar Voter ID PAN No. (submit Form 60/49A if unavailable)							
Aadhar No. Other Identification Number/s Expiry Date							
*Residential Address.							
		District		City			
State			Landmark				
Country PinCode Mobile No							
Email ID							
*Shareholding (%) (NA if not applicable)							
*Whether Personal Guarantee is being offered? \[\subseteq \text{Yes} \] No \[\text{*Visually Challenged} \] Yes \[\subseteq \text{No} \]							
For Operating Current account Debit Card Personalized Kit Internet Banking View Transact View Wathorised vide resolution dated Transact View View							