

(Circular No. 4 of 2020 on Relief Measures to Assist Covid-19 Affected Businesses and Individuals)

APPLICATION FORM

CATEGORY B

APPLICABLE TO PRIVATE SECTOR NON EXECUTIVE CADRE CUSTOMERS

1. Customer Name :

.....

2. Branch :

3. National ID Number :

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

4. Contact No :

5. Loan A/C No :

6. Loan Amount : Rs.

7. Nature of Employment :

| | | | | | |
|------------------------|--|---------|--|---------------|--|
| Public | | Private | | Self employed | |
| Other (please specify) | | | | | |

8. Place of Employment :

.....

9. Designation :

10. Employment Status :

| | | | |
|---------------|--|-----------|--|
| Manager | | Executive | |
| Non Executive | | Assistant | |
| Laborer | | | |

I do hereby certify that the aforesaid details are true and accurate to the best of my knowledge.

Customer Signature :

Name :

Date :

Customer Signature :

Name :

Date :

Customer Signature :

Name :

Date :

.....
(TO BE FILLED BY THE BRANCH)

Loan A/C No :

Granted Amount :

Loan Outstanding Balance :

Granted Date :

Original Tenor :

Balance Remaining Tenor :

Repayment Status :

Security :

CONFIRMATION AS TO ACCURACY OF DETAILS

I do hereby confirm that the above details have been verified by me and are true and accurate

SIGNATURE :

NAME :

DESIGNATION :

BRANCH NAME :

DATE :