FICICI Home Finance

| | "CICI Home | Finance | Application form for Resident Indian | | | |
|----------|---|--|---|--|--|--|
| API | olication Type: Distribute | | APPLICANT Please tick whichever is applicable All * fields mandatory Please use BLOCK Letters Any incomplete/ incorrect application is liable to be rejected by ICICI Hame Finance Company Ltd. (IHFC or Lender) | | | |
| Bri | NON-INDIVIDUAL | LLP, Partnership, Trusts, Firms, ties & Clubs) | | | | |
| | | Bank Branch Sol ID Bank employee ID | Crecivity and a second | | | |
| oun | cing Branch Sourcin | ng Branch Name | | | | |
| 38 | PERSONAL DETAILS | ig Branch Name | | | | |
| 1. | Prefix* | Maria Maria | | | | |
| 3. | Full Name:* | GEETECH | SHARMA 2. Gender*: Mats/Female / Transgender* | | | |
| 1.1 | Father's Name/Spouse Name:* | NIMESHS | | | | |
| 5. | Date of Birth* | 290319 | 6 Place of bloth min | | | |
| 7. | Date of Incorporation / Registration (Applicable in case of Non Individual) | | 8. Date of Commencement of Business | | | |
|). | Marital Status:* | Single Married | Others 10 Number of dependents Children | | | |
| 1 | Category* | General SC ST | OBC MBC Others (Provide SC/ST/OBC certificate if applicable) | | | |
| 12 | Qualification* | SSC & Below Under Gro | aduate Graduate Post Graduate CA Lawyer Doctor Others | | | |
| 3. | Religion* Current Residence* | | Christian Buddhist Sikh Others | | | |
| 14. | Current Residence Address:* | Flat No / Building Name | Provided / Parents Owned 15. Number of years at current Residence : Years Months | | | |
| | | Area/Locality DANK City NAGDUR | | | | |
| 17. | Permanent Residence Address:* (Fill only if different from Pt. 16) | Flat No / Building Name Area/Locality GURA City LUCK NOW | MI - AN NOA-COLL | | | |
| 18. | Office Address: | Unit No/Building Name Area/Locality MLDC | SKY MFG PLANTROOD AKOLA ROAD District | | | |
| 19. | Telephone* | City NASPUR Resi /Office: | State MAHARASHIRAPincode: 48915 Land Line No.: STD Code: | | | |
| 20 | F-7/D* | Mobile: 9 5 2 0 | 5TD Code: | | | |
| 22 | PAN (Form 60 to be taken in case Pan is not available) | TUVXT | NARMA MSN 29. Preferred Mailling Address: Office Current Address Permanent Address D D D D M 23. Country Code of Birth / Incorporation 9 | | | |
| | CIN/Company's Identification Number' (To be filled only in case of Company) | | 23. Country Code of Birth / Incorporation 9 24.2 DIN/Director Indentification number (Applicable in case of Company) | | | |
| 24.3 | TIN/Tax Identification Number | | 24.4 Uddyam/Darpan Registration No. | | | |
| 5.1 | GST applicable | Yes No | 25.2 If Yes, GST No. | | | |
| 5.3 | If Yes, Status | General SWZ Em | abassy Govt Dept 125.4 If the status is Embassy/Govt dept. then provide ** UIN (Unique identification No.) | | | |
| 6.1 | Occupation | Salaried Self Employe | ed: Professional Non Professional 26.2 Industry Manufacturing Service Others | | | |
| 6.3 | Organisation Name | SKY MFG | PYT LTD 26.4 Total Monthly Income 158000 | | | |
| | Constitution Type | | nership firm Pvt Ltd. Co. Public Ltd. Co. Trust HUF Others 27. LEI Code | | | |
| 6.6 B | Total Work Experience Employee Number | Years 19 Months 11 | 29. Designation DEPUTY HEAD | | | |
| 0. | KYC Number (Mandatory for KYC update request) | | 31. Account Type for CKYC Normal C Simplified (for low risk Small | | | |
| C | A. Passport Number | XSOI | | | | |
| 1 | B- Voter ID Cord | | Date Do- UID (Aadhaar) | | | |
| | C- Driving Licence | ABC | 001999/523 | | | |
| | E- NREGA Job Card | | Driving Licence DD MM M Y Y Y Y | | | |
| | Z- Others | | Identification No | | | |
| 1000000 | 5- Simplified Measures Account - Docu | ument Type code | Identification No | | | |
| | jany document notified by the Central Govern | auticial) | | | | |
| | urrent Residence Address: | Flat No /Building | g Name 93, AKS COLONY Road MG ROAD Landmark District | | | |
| | | City NAGP | BUR MAGASHTRA Pincode: 48921 | | | |
| 0 | Certified copy of the following eeds to be submitted) | Address Residential / Type Passport | Business Registered Office Unspecified Driving Licence UID (Aadhaar) | | | |
| | Proof o | f Address Voter Identity Simplified Me | easures Account Document Type code | | | |
| 1 | | | Page 1 of 5 | | | |

A ICICI Home Finance

OF IDENTITY

PROOF OF ADDRESS (POA

CO-APPLICANT / GUARANTOR Application Type: Please tick whichever is applicable All * fields mandatory I NON-INDIVIDUAL Please use BLOCK Letters (For Pvt. Ltd., Ltd., LLP, Partnership, Trusts, Firms, Any incomplete/ incorrect application is liable to be rejected Association, Societies & Clubs) by ICICI Home Finance Company Ltd. ("IHFC" or "Lender") PERSONAL DETAILS Mr. Ms. Mrs. Dr M/s Kum. 2. Gender*: Male / Female / Transgender* Prefix* Full Names Fother's Name Spouse Name * 4.2 Mother's Name:* 4.1 DD Date of Birth Place of birth/Place of Incorporation* Date of Incorporation / Registration (Applicable in case of Nan Individual) Date of Commencement of Business (Applicable in case of Company) Marital Status: 10. Number of dependents* Children Single Morried Others 9 Category* SC General ST OBC MBC Others (Provide SC/ST/OBC certificate if applicable) SSC & Below Under Graduate Graduate Qualification* Post Graduate CA Lawyer Doctor Others 12 Christian Hindu Muslim Buddhist Sikh Religion* Others Owned / Rented / Company Provided / Parents Owned 15. Number of years at current Residence : Years Months Current Residence* Current Residence Address:* Flat No./Building Name Road Area/Locality Landmark District City State Pincode Flat No/Building Name Road Permanent Residence Address:* (Fill only if different from Pt. 16) Area/Locality Landmark District City State Pincode: Unit No./Building Name Office Address: Road Area/Locality Landmark District City State Pincode: Land Line No.: Resi /Office: 19. Telephone* STD Code: Mobile: STD Code: Fax: Personal Preferred Mailling Address: Office Current Address Permanent Address Email 1D* 20. PAN (Form 60 to be taken in case Pan is not available) 23. Country Code of Birth / Incorporation CIN/Company's Identification Number* 24.2 DIN/Director Indentification number 241 (To be filled only in case of Company) (Applicable in case of Company) 24.3 TIN/Tax Identification Number 24.4 Uddyam/Darpan Registration No. 25.2 If Yes, GST No. No 🗆 GST applicable Yes 25.4 If the status is Embassy/Govt. dept. 25.3 If Yes, Status Embossy General SWZ Govt Dept then provide ** UIN (Unique identification No.) Self Employed: Professional Non Professional 26.2 Industry Manufacturing Service Others Salaried Occupation 26.4 Total Monthly Income 26.3 Organisation Name Proprietorship firm Partnership firm Pvt Ltd. Co. Public Ltd. Co. Trust HUF Others 265 Constitution Type Years Months 27. LEI Code 26.6 Total Work Experience 29. Designation Employee Number 30. Relationship with Applicant KYC Number (Mandatory for KYC update request) 32. Account Type for CKYC Normal Simplified (for low risk Small 31 Passport Expiry A- Passport Number Date B- Voter ID Card D- UID (Aadhaar) C. Driving Licence Driving Licence DDBBB E- NREGA Job Card **Expiry Date** Z-Others Identification No 5- Simplified Measures Account - Document Type code Identification No (any document notified by the Central Government) Flat No/Building Name Road Current Residence Address: District Landmark Area/Locality Pincode: State City Unspecified Registered Office Residential / Business Residential Business (Certified copy of the following Address needs to be submitted) Type UiD (Aadhaar) Driving Licence Passport NREGA Job Card Others Voter Identity Card Proof of Address Simplified Measures Account - Document Type code

Page 2 of 5

| ABOUT MY FINANCIAL ASS | SISTANCE REQUIREMENT* | | | | | |
|---|--|---|--|---|--|--|
| Amount Requested ? | AAA Tamaaaa | | | | | |
| A CHARLES | | Purpose of Loan | | | | |
| LAP Residental | nprovement Land Office Premises LAP Commercial | Purchasia Construction Extension Improvement | | | | |
| Balance Transfer | Others | Purchase+Construction/Extension Others (Specify) | | | | |
| Monthly Expenditure & 3 5 000 | Preferred EMI amountp.m. | Top Up Loon o | gainst Property | | | |
| Mode of Repayment Direct NACH | Estimate of required Funds(₹) | Estimate of sour | ces of funds(₹) | | | |
| | Land Cost | Financial assistance requeste from IHFC 570000 | | | | |
| | Construction cost | Amount alredy sp | ent (source) | | | |
| | Total Purchase Cost 690000 | PF | | | | |
| | Incidental cost (if any) | Saving from Bank | 600 | 0000 | | |
| | Other Cost | Others (Specify | | 0000 | | |
| | Total (A) 6900000 | Total (B) | 690 | 0000 | | |
| | Note: Total (A) (Requirement of funds) | should be equal to Total (B) (sour | | | | |
| DETAILS OF BANK ACCOU | NTS* | | | | | |
| Account No. | IFSC Code | Name of Bank | Branch | CA/SA* Banking Since | | |
| 0000532960052 | MAHABOO93 | BANKOFINDIA | NAGPUR | | | |
| | | | | | | |
| | | | | | | |
| UPI Handle | | | | CA-Current aic / SA = Seveng Bank arc | | |
| PROPERTY DETAILS* | | | | | | |
| Details of Property to be pur | chased / Constructed / Extended / in | mproved / mortgaged | | | | |
| | d: VYes No (if not selected, men 39 LIC NAGAR | | AR | | | |
| Address: FLOT IVO | SI, LICIVAGITA, | | District: NAGE | UR | | |
| Nearest Landmark: | | _ State: MAHARASI | TRA Pi | 1:489110 | | |
| Home Lo | | LAP (Loan aga | | | | |
| Construction Stage: Ready T | y/ Hsg. Board Resale Self construction commence | Property Type: Residential Property Age (in years): | roperty Status : Self Occu | pied□ Rented□ Vocant | | |
| Under construction: Specify | | | | | | |
| | Expected time of completion Year | rs | | | | |
| Title of Property in the name of 6 | Is female: Yes / No If yes, Name of | Property Value ₹ 6900 | 900 | | | |
| DETAILS OF RELATED PER | RSON* [Mandatory in case any of A | Applicant or Co- Applicant is | Non-Individual] | | | |
| | | | | | | |
| Reinted Person Type* | Assignee Authorised Represente | tive Director Promo | ter 🗌 Karta 🔲 Trus | tee Partner | | |
| | | | | | | |
| | Proprietor Court Appointed Offici | al Beneficiary Lauthor | | ficial Owner96holdir | | |
| | Proprietor Court Appointed Offici Power of Attorney Holder | Other | | ficial Owner96holdir | | |
| | | | | ficial Owner96holdir | | |
| Name of Related Person Name of Applicant/ | | | | ficial Owner96holdin | | |
| Name of Related Person | | | | ficial Owner96holding | | |
| 1. Name of Related Person 2. Name of Applicant/ Co-applicant (Related person of) 3. Type of Relationship; 4 Father's Name/Mather's Name | Power of Attorney Holder | Other | | | | |
| 1. Name of Related Person 2. Name of Applicant/ Co-applicant (Related person of) 3. Type of Relationship: 4. Father's Name/Mather's Name /Spouse Name: | Power of Attorney Holder | Other 5. F | | Name Mother's Name | | |
| 1. Name of Related Person 2. Name of Applicant/ Co-applicant (Related person of) 3. Type of Relationship; 4. Father's Name/Mather's Name/Spouse Name; 6. Date of Birth 8. Nationality | Power of Attorney Holder | Other 5. F | other's Name Spouse 1 | Name Mother's Name | | |
| 1. Name of Related Person 2. Name of Applicant/ Co-applicant (Related person of) 3. Type of Relationship: 4. Father's Name/Mather's Name/Spouse Name: 6. Date of Birth 8. Nationality 9. PAN From System taken in case PAN From is cost available) | Power of Attorney Holder | Other 5. F. 7. G | other's Name Spouse I ender: Male / Female / To | Name Mother's Name [| | |
| 1. Name of Related Person 2. Name of Applicant/ Co-applicant (Related person of) 3. Type of Relationship: 4. Father's Name/Mather's Name/Spouse Name: 6. Date of Birth 8. Nationality 9. PAN From System taken in case PAN From is cost available) | Power of Attorney Holder Flat No/Building Name | Other 5. F. 7. G | other's Name Spouse 1 | Name Mother's Name [| | |
| 1. Name of Related Person 2. Name of Applicant/ Co-applicant (Related person of) 3. Type of Relationship: 4. Father's Name/Mather's Name/Spouse Name: 6. Date of Birth 8. Nationality 9. PAN From Suitable taken in case PAN From is ast available) | Power of Attorney Holder | Other 5. F. 7. G | ather's Name Spouse I ender: Male / Female / To | Name Mother's Name [ransgender | | |
| 1. Name of Related Person 2. Name of Applicant/ Co-applicant (Related person of) 3. Type of Relationship; 4. Father's Name/Mather's Name/Spouse Name; 6. Date of Birth 8. Nationality | Power of Attorney Holder Flat No/Building Name Area/Locality | Other 5. Fi 7. G State STD Code: | ather's Name Spouse I ender: Male / Female / To | Name Mother's Name Cansgender District code: | | |

Page 3 of 5

| (Cortified costs of one one of the following needs to be sub- | estreed | | P | ossport Expiry | |
|---|--|--|---|--|--|
| Committeed progress Of ONES SOCIETIES | | | D | ate | |
| D A- Possport Number D B- Voter ID Cord | | | | | |
| C C- Dejvind Ficence | | | D | riving Licence | |
| D b- UID (Aadhoort | | | | spiry Date | |
| D E- NREGA Job Cord | | | Informations | | |
| TO N PORTER CONTRACTOR | | | Identificati | | |
| 2- Others provinced austination the central Covernment S- Simplified Measures Account - Document Type co | ide | | Identificati | ion No | |
| S. SIMPLICE ADDRESS (POAL) | | | | Contract of the Contract of th | transfer backers. |
| PROOF OF ADDRESS (POA)* | Flat No./Building Name | | Deat | CURRENT / PERMAN | ENT ADDRESS DETAILS |
| Current Residence Address: | Area/Locality | | Road | | |
| | City | Stute | | District Pincode: | |
| (Certified copy of the following Address | Residential / Business | Residential | Business | Registered Office | |
| needs to be submitted) Type | The state of the s | Driving Licence | UID (Audhour) | The grant of the g | Unspecified |
| | ☐ Voter Identity Cord | NREGA Job Card | | | |
| Proof of Address | | Three job care | Others | | |
| | - Companied Medistries Acc | count Document Type | code | | |
| Declaration* | | | | | THE RESERVE OF THE PARTY OF THE |
| 1. If the declare that off the portification and information place in all respects and I We have not write-held any inform an elegationary processing inflational against melas for have I We have read the application from and brechart and are appreciated by the meterological policy of the Companies. We authorise the references and empirice relevant to the information in this application flagous, consider not essays. (We undertake to information that it is resolated addresses to provide any further information that it is resolated addresses to provide any further information that it is a transported and if approved in the order flackness them are not including flagous, consider and if approved in the manner specified or reflecing flagous (PELNIEI). 2. If We declare and if approved in the manner specified or reflecing flagous (PELNIEI). 3. Every end except to the extent as disclosed in this application, I AV a section 25 company or a government company, or in case of for specified in Fig. (PELNIEI). 4. Sowe end except to the extent as disclosed in this application, I AV a section 25 company or a government company, or in case of for specified in Fig. (PELNIEI). 5. Sove end except to the extent as disclosed in this application, I AV a section 25 company or a government company, or in case of for specified in Fig. (PELNIEI). 6. Sove end except to the extent as disclosed in this application, I AV a section 25 company or a government company, or in case of for specified in Fig. (PELNIEI). 6. Sove end except to the extent of a partner of mixed us, a particular of mixed us, a pecified finance company (including Infel Q are relative intervention that the contribution of mixed us, and individual part of the subhisticity of melas or o publisher; or or subsidiary or the holding company of melas or or publisher; the right to replete subsidiary of melas or or publisher; the right to replete subsidiary of melas or or publisher; the right to replete subsidistic the publisher of the resolution of the publisher of the publ | intern whateverer I'We conform that I' We never been eighafacated knowersthankrupt the to all termal completions of availing the FC its Group Componies' its Agents to atten form which it of its Group Componies' its Agents may be componies' its Agents may be componies' its Agents may ensistance if any enjoyed by makes with quinted by the aperational guidelines governored by the Reserve Bank of Indialive in [REINHE] from time to time) as application and that ithFC shall in feet this application and that ithFC shall in feet this application and that ithFC shall in feet on any enjoyee of minal us of us, or a guarantor on behalf allocitor melocompany of melus. Let this application and that ithFC shall in feet to keep our customers updated on we've such information (please tick appropriate and there is no make the Banks/institutions other persons as financial assistance for the construction of the Banks (| Livie authorities with the survival make it. Whe hereby againstitutions, creditional interest institutions, creditions, cr | the and authorize 6-6°C / 169 Gen data or discument in retary or any defealt if any, comit toureass, apprecies statutor or appropriate as may be reprocessed information/determined of this information. If the initials on this applicative makes, broat that I'We anyare produced on the initials on this applicative makes, broat that I have filled this applicative own discretion and that I have filled this applicative and the purpose shall not be used for any illegal and on the stock markets/IFOs or an additive such information and special elated information and special elated information through with ICICI group compenies process the aforesaid information through with ICICI group compenies and make the applicable in the formy our family from any shall mean and include the address. Co-appliances. Co-appliances. | reparation reconvers the right to redesign their superiors the agree to the applicances interpretation that the stryl our application instantificant to stryl our application instantificant try meture to other persons or quired for use of the solid informative products thereof to the other to redest as required under repulse radied by them and shall not hold from the made by metus and reiding the proof of personsistent are aware that certain other documents the facility will be utilised or be changed in any manner dusing an antisocial and for speculative party other purpose for relative party other purpose for relative products included by such personals, or a commercial with the use of such connection with the use of such personals or a commercial with the use of such personals or a commercial with the use of such bank/financial insolution as on applicant/co-applicant, his/her speculative party other Bank | to exchange, share or part was ding but not limited to the create map Companies banks. Snarces in HFC/Ito Group Companies may not a ferencial statilisticans, create the investigations or to provide HFC/Ito Group Companies/their HFC/Ito Group Companies/their HFC/Ito Group Companies/their HFC/Ito Group Companies/their of Acadhaar as KYC document numents can also be submered as contents of the application. By for the purpose for which it is not give the purpose for land, and the surposes excluding but not limited sang finance companies are not mere and other entities. No has been all the processed ch information or otherwise. The date of application other souse and had her dependent. Co-applicant 2 Yes No. Yes No. |
| 1) The details with respect to final assistance applied to ICIC 2) IWe hereby confirm that this application form is validated Electronic or Digital Signatures or access code or other validated. 3) If We hereby agree that in case of any discrepancy in the observinde any other form digitally authenticated. 4) If We consent to receive electronic communications, notices. | Home Finance Company Limited (*ICICI Has by maius and signed either physically of forms of secure authentication) which sectronically executed application form, the secure disclosures provided to us electronically | r electronically (through One hall be deemed to be the acce e physical capy of the electron via email, SMS/ WhatsApp o | Time Password (OTP) sent ptance of the application for ic form countersigned by me | to mylaur registered mobile nur vm; o'us shall be considered the only HFC | form submitted by makes and sh |
| Country | D D M M Y Y | The state of the s | | principal principal | M Y Y Y Y |
| | | | | TO O M | |
| REFERENCES* | | | | | |
| Name AMARDEFP (1) Address 920, MAKTI A State MAHADAMTPA Tel (R) Mobile 925009992 Relationship Business partner Friend | NGH VAGAR PARK, UR Pin code: D) Neighbor Relativis | Name _ Address _ State _ Tel (R) _ Mobile _ Relations | DURGE CI AGAR, A 9292339 thip Business po | AGPUR PINC Tel (O) | |
| TO BE FILLED BY OFFICIAL OF ICIC | I HFC | September 1 | | | |
| EKYC authentication Yes/No | | 2. Offline Verif | ication of Aadha | r Yes/No | |
| Date of Declaration* DID MIMITY Y | YIV | 4. Place of Dec | | | |
| | | | | | |
| Type of Document Submitted* 1. Certified | | | Data received fro | om offline certification | 4. Digital KYC Proc |
| 5. Equivale | ent e-document 6. Video- | based KYC | | | |
| KYC Verification Employee Name* | | | | | |
| Employee Designation* | | | | | |
| | | 9. Employee C | ndes | | |
| Employee Branch* | | A CE | | | |

Introducing exclusive Home Insurance plans, that can provide cover to your Home Loan in the face of any unforeseen event happening to your life. In case of any of these happenings, your family will have the support of the Insurance cover to pay for the outstanding Home Ioan, without being burdened by the Ioan EMI's,

Declaration:

I/We hereby declare that I/We would like to opt for Insurance plan offered by insurance company in association with ICICI Home Finance Company Limited. I/We have carefully read and understood the content of the brochure.

I/We have understood that the Loan amount sanctioned by ICICI Home Finance Company limited is condition to my/our opting for the insurance & undertake to pay the requisite premium at the time of disbursement of the loan. I/We confirm that I/We am/are voluntarily participating in this programme and I/We am/are aware that the loan is available without the insurance as well.

I/We understand:

- * Insurance is the subject matter of the solicitation
- * Insurance is optional. Normal Home loan is also available without insurance
- · Insurance starts from the first disbursement
- VWe have an option of availing insurance from any other insurance Company

Dated: 1/2/2018
Place: NAGPUR

CASTELLE

Signature (Applicant)

Signature (Co-applicant)

Dear Sir/ Madam

Thank you, We acknowledge that we have received the application form no. ____ and the non refundable login fees vide Cheque No./ On line payment No. ____ dated ___ for ₹ ___ If considered, our representative shall get in touch with you for this matter.

Date: 1/2/18 Channel Signature ____ DMA seal ____ DMA seal ____

| Tear-way Ackno | wledgement (to be given to the applicant) |
|------------------|--|
| Dear Sir/ Madam | |
| vide Cheque No./ | acknowledge that we have received the no and the non refundable login fees On line payment No datednsidered, our representative shall get in touch matter. |
| Date: | Channel Signature |
| Channel Name_ | |
| DMA Name : | DMA seal |
| | |

Disbursement of Loan

You can avail disbursement of the loan after property identified has been technically appraised, the legal documentation cleared and you have invested share of total transaction value.

Sanction of Loan

Based on the income documents received by IHFC, the quantum of the loan will be calculated.