



SML FINANCE LIMITED

CIN: U65910KL1996PLC010648

Regd. Office : Bethany Complex, Thrissur Road, Kunnankulam-680 503

Thrissur Dist., Kerala Ph: (Off)04885 214000

Corporate Office: SML Building Toll Junction, Edappally, Kochi-24, Phone: 0484 2540610,4119999

Application for Unsecured, Redeemable, Subordinated Debts

BRANCH:

No:

Dear Sir,

I/We have read and understood the contents of the Memorandum of information for Issue of Unsecured subordinated Debts.....Seriesfor Rs.....I/We apply for allotment to me/us the subordinate debts as per details given below. The amount payable on application as shown below is remitted herewith. On allotment, please place my/our name in the register of Subordinate debt holders. I/We bind myself/ourselves by the terms and conditions as contained in the Memorandum of information. (Please read the instructions on the next page carefully before filling this subordinate debt application) The application shall be for a minimum of Five units of subordinated debt and in multiple of (one) thereafter

Photo

FIRST APPLICANT'S NAME : Mr./ Mrs./Ms.	
Father's/Spouse's Name : Mr./ Mrs.	
SECOND APPLICANT'S NAME : Mr./ Mrs./Ms.	
In case of Minor, guardian's Name : Mr./ Mrs. (Relationship Father/ Mother)	Date of Birth of Minor
Details of nominee, Name & Relationship with applicant	Date of Birth of Nominee
First Applicant's Address:.....	
E-mail : Phone: Mobile No : Pin	
Age..... Date of Birth..... Senior Citizen <input type="checkbox"/>	
Second Applicant's Address:.....	
E-mail : Phone: Mobile No : Pin	
Age..... Date of Birth..... Senior Citizen <input type="checkbox"/>	
SCHEME : <input type="checkbox"/> 5.5 years <input type="checkbox"/> 6 years doubling scheme	
Payment of Interest: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly Interest Rate	
Tax Status <input type="checkbox"/> Deduct Tax <input type="checkbox"/> Do not deduct Tax-Form 15G/H enclosed PAN Aadhaar No	
Interest Payable to <input type="checkbox"/> First Applicant <input type="checkbox"/> Second Applicant	
BANK DETAILS SB A/c. No. Bank Name: Branch Name IFSC :	
Amount Rs. Rupees(in words) <input type="checkbox"/> Draft <input type="checkbox"/> Local Cheque <input type="checkbox"/> Pay Order NEFT / RTGS / Online Transfer No Date Name of Bank & address of branch	
STATUS OF THE FIRST APPLICANT: <input type="checkbox"/> Resident Individual <input type="checkbox"/> Others Repayment of Sub Debt to be made payable to (in case of Joint holding) <input type="checkbox"/> Former or Survivor <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Joint	

Declaration :- I/we here by declare that the details furnished above are true and correct to the best of my/our knowledge and belief and undertake to inform you of any changes therein immediately. I/we also undertake that I/we will be fully liable for any false information furnished in this form.

Place: Date: First Applicant's Signature: Second Applicant's Signature:

First Applicant's Signature:	Second Applicant's Signature:
Name & Signature (introducer)	Name Signature