



ESTD, 1980

SML FINANCE LIMITED

Regd. office: Bethany Complex, Thrissur Road, Kunnamkulam-680 503

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

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

APPLICATION FOR SECURED NON CONVERTIBLE DEBENTURES(To be filled in by Applicant, Use BLOCK LETTERS Tick ☒ wherever applicable)

To

SML FINANCE LIMITEDBethany Complex, Thrissur Road,
Kunnamkulam, Kerala - 680 503

Strictly confidential. For Private circulation only

Non Convertible Debenture : Period 10 years

PHOTO

Dear Sir,

Having paid to the company as mentioned below I/we apply for allotment of Secured debentures to me/us on the terms and conditions as mentioned overleaf. I/We authorise you to place our names in the Register of Debenture holders of the company as the holder(s) of the Debentures that may be allotted and to register our /my address as given below.

FIRST APPLICANT'S NAME : Mr./ Mrs./M/s.	
Father's/Husband's Name : Mr.	
SECOND APPLICANT'S NAME : Mr./ Mrs./M/s.	
THIRD APPLICANT'S NAME : Mr./ Mrs./M/s.	
In case of Minor, guardian's Name : Mr./ Mrs. (Relationship Father/ Mother)	Date of Birth of Minor
Details of nominee, Name & Address	Date of Birth of Nominee
Address of the First Applicant	
E-mail :	Phone: Pin
Age..... Date of Birth..... Senior Citizen <input type="checkbox"/> Mobile No :	

Rate of Interest:	Amount Rs. _____ Rupees _____ <input type="checkbox"/> Draft <input type="checkbox"/> Local Cheque <input type="checkbox"/> Pay Order NEFT / RTGS / Online Transfer No _____ Date _____ Name and address Bank _____
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Tax Status	
<input type="checkbox"/> Deduct Tax	<input type="checkbox"/> Do not deduct Tax-Form 15G/H enclosed
PAN No _____	ID Proof No _____

Interest Payable to (In case the interest to be paid is to a person other than the First Applicant)	
<input type="checkbox"/> Direct to me	<input type="checkbox"/> With Bank Mandate

STATUS OF THE FIRST APPLICANT:☐ Resident ☐ Others

Repayment of Debenture to be made payable to in case of Join A/c

☐ Any one or Survivor/s ☐ Either or Survivor☐ Former or Survivor

BANK DETAILS	
SB A/c. No.	Bank Name:
Branch Name	IFSC :
Applicant's Depository details with CDSL	Demat A/c No.:

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 :

Signature:

Signature of the Applicant/s

1	2	3
Name & Signature (intruder)	Name	Signature

Success Make Legends