

APPLICATION FOR SECURED NON CONVERTIBLE DEBENTURES

CIN U65910KL1987PTC004722

(To be filled in by Applicant, Use BLOCK LETTERS Tick ☒ wherever applicable)

To

Vanchinad Finance Pvt Ltd

Reg. Office: Kuzhuvelil Building,
Pukkattupadi Road, Unichira, Edapally,
Ernakulam, Ph: 0484 -4853300

Strictly confidential. For Private circulation only

Non Convertible Debenture : Period 10 years

PHOTO

Dear Sir,

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

FIRST APPLICANT'S NAME : Mr./ Mrs./Ms.	
Father's/Husband's Name : Mr.	
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"/>	
<input type="checkbox"/> INTEREST YEARLY SCHEME <input type="checkbox"/> MONTHLY INTEREST SCHEME	
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 _____	
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 _____	
STATUS OF THE FIRST APPLICANT: <input type="checkbox"/> Resident Individual <input type="checkbox"/> Others Repayment of Debenture 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	
Interest Payable to <input type="checkbox"/> First Applicant <input type="checkbox"/> Second Applicant	
BANK DETAILS SB A/c. No. Bank Name: Branch Name IFSC :	

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