

# Vanchinad

## Finance (P) Limited

100% Subsidiary Company of SML Finance Limited

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

CIN: U65910KL1987PTC004722

## 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.....Series .....for 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

<b>FIRST APPLICANT'S NAME</b> : Mr./ Mrs./Ms.	
Father's/Spouse's Name : Mr./ Mrs.	
<b>SECOND APPLICANT'S NAME</b> : 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"/>	
<b>SCHEME :</b> <input type="checkbox"/> 5.5 years <input type="checkbox"/> 6 years doubling scheme	
<b>Amount Rs.</b> 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 _____	
<b>STATUS OF THE FIRST APPLICANT:</b> <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	
<b>PAYMENT OF INTEREST:</b> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly Interest Rate ..... <b>Tax Status</b> <input type="checkbox"/> Deduct Tax <input type="checkbox"/> Do not deduct Tax-Form 15G/H enclosed PAN _____ Aadhaar No _____	
<b>Interest Payable to</b> <input type="checkbox"/> First Applicant <input type="checkbox"/> Second Applicant	
<b>BANK DETAILS</b> 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 &amp; Signature (introducer)

Name

Signature