Registration No. 38/59 dated 25-07-1959, RBI Licence No. RPCD.KOL.NO.10-C dated 30-04-2012, Head Office: 48, 49 B.B. Sen Road, P.O. Berhampore,

Through: The Branch Manager,

Dist. Murshidabad (W.B.). PIN-742 101, Phone: 03482 - 252804, E-mail:ho@mdccb.in,



Jelar Bank Aapnar Bank

Τo

The Chief Executive Officer, Murshidabad District Central Co-opertive Bank Ltd. Head Office, Berhampore, Murshidabad.

Subject: Home Loan Application

Branch	
Sir,	
I/We request you to grant me/us a loan facility of Rs.	(In
Words: Rupees	Only) under
Home Loan for a tenure of months for	(Purpose:
Home Building/Home Extension/ Home Improvement/Flat Purchase/Home Purcha	se/Flat under
Cooperative Society/ West Bengal Housing Board/Other Govt. Housing Schemes).	

PARTICULARS	APPLICANT	CO-APPLICANT
Recent Passport Size Photo Signed Across by the applicant & co-applicant		
Name (In BLOCK letter)		
CIF No.		
Father's Name/Husband's Name (wherever applicable)		
Date of Birth:		
Sex:		
Marital Status:		

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	APPLICANT	CO-APPLICANT
Caste:(SC/ST/OBC/MINORITY/GEN)		
Educational Qualification:		
Relationship with applicant:	(Not Applicable)	
Current Residential with PIN Code & Phone No:		
Permanent Address with PIN Code & Phone no:(write "DO" if the address is same as current address)		
Email ID:		
Occupation: (Employed or Self- Employed)		
Name of Employer/Business		
Address with PIN (Please mention the address of the office you are based at):		
Designation & Department:		
Office/Business Phone No.		
Monthly Salary/ Income:		
Other Income (s):		
Trade License No.		
Date of Joining in Service/Commencement of Business/Trade License Issue Date :		
Date of Retirement/Trade License		

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Phone: 03482 - 252804, E-mail :ho@mdccb.in,



		APPLICANT		CO-APPLICANT			
Status of present acco (Own/Rented/ Family/Employer/Othe							
Are you a guarantor of loan in MDCCB?	of any existing						
If yes, please specify the account no. of the ber							
FINANCIAL INF	FORMATION (A) : Persona	l Deposit	& Inv	estmer	nt Related	d
Whose Details: (Applicant or Co- applicant)	Account No. with Account Type	Name of the Bank/ Post Office with Branch Name:	Branch Telephone No	- ا د	count ance	As on date	Whether encumbere d
Shares/ Debentures/ Govt. Securities (NSC etc.), to be filled up below:							
Whose Details:(Applicant or Co-applicant)	Co./Bank/Post Office	Date of Instrument	Face value	Prese Value	nt	Due Date	Whether encumbered

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			.			
FINANCIAL INFORMATION (B): Personal Insurance Related						
Whose Details:(Applicant or Co-applicant)	Co. & Branch Nam	e Policy No.	Date of issuance:	Sum Insured	Annual Premium	Premium Paid or Surrender Value
* FINANCIA	* FINANCIAL INFORMATION (C): Personal Credit/Loan/Advance Related					
Whose Details: (Applicant or Co- applicant)	Sources(Bank or any Other Financial Institution including PACS)	Date of Loan	EMI and Term	Loan Outstanding with as on date	Overdue Amount, if any	l ()verdue l
	,		EMI:			
			& Months:	As on		
			EMI:			
			&	As on		
			Months: EMI:			
			& &	As on		
			Months:			
			EMI:			
			&	As on		
			Months:			

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Jelar Bank Aapnar Bank

Address of property to be	epurchased/con	structed			
VILL		P.O			
P.S	PIN		Mouza	, Dag No.	
, Khatian No	, LR/RS				
If the land/property is on le	easehold,				
Name of Lessor		Name of	Lessee		
Date of Agreement(Agreement of lease must			of the Lease		
Area of Land		Cost of Land	· · · · · · · · · · · · · · · · · · ·		
Built up area		Carpet Area (in	case of flat purc	:hase)	
Cost of Construction:	ruction: Period of Construction:				
Is the legal title to the uni	t clear?	(Yes/No)			
Remarks (if any)					
Will Murshidabad Distri	ct Central Co-	operative Bank Ltd.	be able to obt	ain first mortgage of the	
Dwelling unit? (Ye	s/No)				
Remarks (if any)					
Name and address of the	ne Vendor/Ow	ner:			
Date of agreement:	Agree	ement Valid up to			
(Attach a copy of Agreem	ent)				

I/We hereby declare that all the particulars and information furnished in the application form and as well as in annexed documents are true, correct and complete and up to date in all respects. I/We have not withheld any information. I/We confirm that I/We have had no insolvency proceedings initiated against me/us nor have I/We ever been adjudicated insolvent. I/We also authorize MurshidabadDistrict Central Cooperative Bank Ltd. (MDCCB) or its agent to make references and enquiries relative to information in this application which MDCCB considers necessary. I/We also authorize MDCCB to exchange, share, part with all information relating to my/our loan details and repayment history

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Yours faithfully,



Jelar Bank Aapnar Bank

Information to other Banks/ Financial Institutions/Credit Bureaus/Co-operatives/ Agencies as may be required and shall not hold MDCCB liable for use of this information. I/We undertake to inform MDCCB regarding any change in my/our residence/employment/occupation/transfer and to provide any other information that MDCCB may require. I/We further agree that my/our loan shall be governed by the rules of MDCCB which may be in force from time to time. MDCCB reserves the right to reject any application without providing any reason.

There is no litigation against the firm of me/co. in which I am the proprietor/a partner/a Director. I am/was not interested as proprietor/ partner/ Director in any firm/company whose name is listed in caution list of RBI/ECGC. I/We undertake to bear processing, service, documentation charges etc. stipulated by the bank from time to time. I/we agree, note and understand that MDCCB shall be entitled as its sole discretion to call back, the entire loan/advance weather due and payable or not at any time without assigning any reason and enforce its rights, remedies and securities.

(Co-Applicant)

Signature of the:

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Dist. Murshidabad (W.B.). PIN-742 101, Phone: 03482 - 252804, E-mail:ho@mdccb.in,

> Date: Place:



	· · · · · · · · · · · · · · · · · · ·	Jelar Bank Aapnar Bank
PAR	TICULARS OF GUARA	NTORS
Particulars	Guarantor I	Guarantor 2
Recent Stamp Size Photo(s) Signed Across:		
Name of the Guarantor		
Father's Name:		
Husband's Name: (if applicable)		
Date of Birth:		
Residential Address/Permanent Address with PIN:		
Occupation:		
Annual Income:		
Office/ Business Address With PIN and Contact No.		

Signature of the Guarantor (1)

Signature of the Guarantor (2)

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	EMPLOYME	ENI CERTIFICATI	E
Name of the Office:			
Address:			
Contact No.			
Shri/Smt	under F	House Loan Scheme. Certified S/o D/o W/o	that
		ddress	
Designation is Date of Joining:		of this office and his/her	
		vice are given below:	
		•	
	the Month of	ŕ	
Scale of Pay		ecoveries	
I. Basic Pay	Rs a.		Rs
2. Grade Pay	Rs b.	LIC Recoveries Gr. Insurance	e Rs
3. Dearness Allowance	Rs c. In	come Tax	Rs
	d.	Loan recoveries	
4. House Rent Allowand	ce Rs I.		Rs
	2.		Rs
5. Medical Allowance	Rs 3.		Rs
	4.		Rs
6. Other Allowance	Rs e.	Other Recoveries	Rs
7	Rs I.		Rs
	2.		Rs
TOTAL (A)	Rs T	OTAL (B)	Rs
Net Salary (A) - (B)R	s		
(In words) Rupees .			only.
(Seal of Office)		Signature: Name :	
Date:		Designation of the Head of the Office /	Department :

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Jelar Bank Aapnar Bank

AGREEMENT FOR RECOVERY OF LOAN FROM MONTHLY SALARY FOR WAGES, RETIRING GRATUITY OR DEATH GRATUITY BY EMPLOYER/DISBURSING OFFICER WB UNDER THE CO-OPERATIVE SOCIETIES ACT 2006

[West Bengal Act XL of 2006]

	(Name of the applicant)(Designation),
of	(name& orize my Employer/Disbursing Officer to effect regular recovery from my nt as may be fixed by Murshidabad District Central Co-operative Bank covery from my retiring gratuity or, in the event of my death while in er the entire amount or of such amount as may be fixed by the of the loan of Rs (Rupees
	only) which has been given to me by the said bank for the purpose of along with interest and other cost to be accrued thereon.
Date	Signature of the borrower
CONSISTENT WIT	TH SECTION 59 OF THE W.B. CO-OPERATIVE SOCIETIES ACT, 2006.
Undertaking is hereby given by the u	undersigned on behalf of
	(Name of the organization) that I, in view of the
authority given to me by Shri / Smt	
	for repayment of his / her loan of Rs.
to Murshida	abad District Central Co-operative Bank Ltd. shall deduct such amount
from his / her monthly salary / wages	as may be fixed by the said bank and shall, over and above, attach his / her
retiring gratuity or death gratuity, in th	ne event of his / her death before superannuation, for either the entire
amount or such amount as may be fi	xed by the said bank, or receipt of a written requisition to that effect
from the said bank and arrange for re	emittance of the deductions and attachments to the said bank as and
when made.	
(Seal of Office)	Signature of the D.D.O. :
Date:	Nameof the D.D.O. :
	Designation of the D.D.O.:

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Jelar Bank Aapnar Bank

Name, address and occupation of the Referee, if any

Date: Place:	Signature of the referee
To be filled by the branch:	
MURSHIDABAD DISTRICT CENTR	ъ .
Memo No	Date:
Name of theApplicant :	
CIF	
Loan amount prayed by the applicant :	
Purpose :	
Repayment term of loan applied : Mo	onths &Interest @ p.a.
EMI :	
Whether the loan is complying with the loan policy of th	e bank? (Yes/No)
Whether the loan is recommended for sanctioning or no	ot? (Yes/No)
Supervisor's Comment :	

Branch Manager's Comment:.....

Signature of:

Branch Supervisor

Branch Manger

Name of:

Branch Supervisor

Branch Manger

Date:

(Office Seal)