

Applicant			Co-Applicant					
Name								
S/o, W/o, D/o								
Mother Name								
A Current Residential Address			Landmark :					
			State :			State :		
			PIN :			PIN :		
			<input type="checkbox"/> Self owned <input type="checkbox"/> Family <input type="checkbox"/> Rented <input type="checkbox"/> Provided by Employer			Relationship with Applicant _____		
Current Residence								
Place & Country of Birth								
Place of Incorporation								
Date of Incorporation & Commencement of Business								
Phone No. with STD Code			STD Code	Number	Mob.**	STD Code	Number	Mob.:
E-mail ID**								
Rent Paid (if rented)			No. of Years at current residence:			No. of Years at current residence:		
B Permanent Address			Landmark :					
			State :			State :		
			PIN :			PIN :		
			<input type="checkbox"/> Self owned <input type="checkbox"/> Family <input type="checkbox"/> Rented <input type="checkbox"/> Provided by Employer			Relationship with Applicant _____		
Phone No. with STD Code			STD Code	Number	Mob.:	STD Code	Number	Mob.:
Date of Birth / Sex			<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Male <input type="checkbox"/> Female		
Marital Status			<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other			<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other		
Nationality								
Category			<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/> Minority			<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/> Minority		
No. of Dependants			_____ Children _____ Others			_____ Children _____ Others		
PAN No. / Passport No.			PAN _____ PASSPORT _____			PAN _____ PASSPORT _____		
Voter ID & DL			VOTER ID _____ DL _____			VOTER ID _____ DL _____		
Aadhar & Nrega Card			AADHAR NO. _____ NREGA CARD _____			AADHAR NO. _____ NREGA CARD _____		
CKYCR Number			CKYCR NO.			CKYCR NO.		
TIN / TAN / CIN			TIN	TAN	CIN	TIN	TAN	CIN
Occupation			<input type="checkbox"/> Salaried <input type="checkbox"/> SENP <input type="checkbox"/> SEP <input type="checkbox"/> Others			<input type="checkbox"/> Salaried <input type="checkbox"/> SENP <input type="checkbox"/> SEP <input type="checkbox"/> Others		
Qualifications/Designation			Qualifications _____ Designation _____			Qualifications _____ Designation _____		
Retirement Age/Emp. No.			Age _____ Employee No. _____			Age _____ Employee No. _____		
Monthly Income								
Other Income			Source:			Source:		
C Employer/Business Name & Address			Landmark :					
			State :			State :		
			PIN :			PIN :		
			<input type="checkbox"/> Self owned <input type="checkbox"/> Family <input type="checkbox"/> Rented <input type="checkbox"/> Provided by Employer			Relationship with Applicant _____		
Phone No. with STD code			STD Code	Number		STD Code	Number	
Preferable Communication Address			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		
Organisation			<input type="checkbox"/> Multinational <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Govt./Semi Govt. Enterprise <input type="checkbox"/> Pvt. Ltd <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others			<input type="checkbox"/> Multinational <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Govt./Semi Govt. Enterprise <input type="checkbox"/> Pvt. Ltd <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others		
Industry			<input type="checkbox"/> Services <input type="checkbox"/> Trading <input type="checkbox"/> Manufacturing <input type="checkbox"/> Others			<input type="checkbox"/> Services <input type="checkbox"/> Trading <input type="checkbox"/> Manufacturing <input type="checkbox"/> Others		

Paste & Sign
Across Recent
Photograph of
Applicant

Paste & Sign
Across Recent
Photograph of
Co-Applicant

DSA/DST/Connector Name (with stamp): _____ Signature: _____

RM Name: _____

DETAILS

FEES _____ CHEQUE No. _____

DATE _____ BANK _____

** SMS/E-mail alerts will be sent by Indiabulls on these Mobile No. & E-mail address.

IHFL/Apl. Form/Indian Residents/03/March-2020

Acknowledgement (Tear away acknowledgment (to be given to/retained by the Applicant)) Dear Sir/Madam, This is to acknowledge receipt to your Loan Application Form No. _____ Dated : _____ We thank you for the same. Our representatives shall be in touch with you in connection with the same. Sales Executive Name : _____ Sales Executive Signature : _____ Phone No. : _____ Location : _____ Date : _____		
Key Terms & Conditions: • Repayment of loan is to be by way of equated monthly installments (EMI). • Interest is being calculated on monthly reducing balance. • Indiabulls Housing Finance Limited (IHFL) offers rate of interest (ROI) at floating as well as fixed and floating basis. ROI is determined on assessment of the risk profile of the Applicant(s). The ROI will be intimated in the sanction letter and on accepting the ROI and other terms & conditions, these will be incorporated in the Loan Agreement. • Incomplete / defective application will not be processed & Indiabulls Housing Finance Limited shall not be responsible in any manner for resulting delay or otherwise. • Application for Home Loan will be processed in 7 working days and Loan Against Property will be processed in 10 working days subject to the submission of complete documents and information required by IHFL. • In case of rejection of your Loan application, the documents, if any, submitted by you shall be shredded internally upon completion of designated period and any information including contact details available in the documents shall not be used. • For details terms & condition please refer to our website www.indiabulls.com / customer Care No. : 1800-572-7777 Email : homeloans@indiabulls.com		

