

 <p>CanFin Homes Ltd. (Sponsor: CANARA BANK) HOME LOANS • DEPOSITS <i>Translating Dreams into Reality</i></p>	<p align="center">BRANCH</p>	<p>Photo and Address of Power of Attorney if applicants is NRI (along with regd. GPA)</p>
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File No. _____ Loan No. _____ Customer ID : _____

NON-HOUSING LOAN APPLICATION FORM

1. Please use BLOCK LETTERS
2. All details must be filled on. if not applicable please write N.A.
3. Please put ✓ where applicabel.
4. Please take photocopies of all documents that are submitted to CFHL for your personal record.

Sourced by	DSA ID	DIRECT <input type="checkbox"/>	CFHL Staff <input type="checkbox"/>
Product ID	Product Name	PC Cheque No. & Amount	

Please paste a recent
Passport Size Color
Photograph here.
DO NOT Pin or
Staple Photograph

APPLICANT

Please paste a recent
Passport Size Color
Photograph here.
DO NOT Pin or
Staple Photograph

CO-APPLICANT

Loan Requested for : ☐ MORTGAGE LOAN ☐ LOAN ON RENT RECEIVABLE ☐ LOAN FOR COMMERCIAL PROPERTY ☐ FLEXI LAP

PERSONAL & EMPLOYMENT DETAILS OF THE APPLICANT

Please write in Block Letters and tick (✓) appropriate box.

NAME	<div></div>																
Father's/ Spouse Name	<div></div>																
Mother's Name	<div></div>																
Date of Birth	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Others
PAN Number	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Religion <div></div>	Category <input type="checkbox"/> SC/ST <input type="checkbox"/> OBC <input type="checkbox"/> Others
Aadhaar No.	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Mobile Number	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Citizenship <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> PIO	
Qualification	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<input type="checkbox"/> Salaried & Professional <input type="checkbox"/> Self-employed / Business	

Present Residential Address:	Permanent Residential Address:
Door No.	Door No.
Building Name.....	Building Name.....
Landmark	Landmark
City/State.....PIN.....	City/State.....PIN.....
Tel (Res) :	Tel (Res) :
Official E-mail ID :	Personal E-mail ID :

Current	Details of Employment - Salaried	Previous
Name of Employer.....	Name of the Employer :	Name of the Employer :
Address.....	Public Sector <input type="checkbox"/>	Period of Employment : From:.....to.....
Landmark	Govt. Sector <input type="checkbox"/>	Designation :
City/State.....PIN.....	Private Sector <input type="checkbox"/>	
Official E-mail ID :	Retired <input type="checkbox"/>	
(Personal & HRM)		

Details of Business / Profession	
Name & address of the Business / Profession	Nature of Business :
.....	Year of commencement : Whether assessed to IT : <input type="checkbox"/> Yes <input type="checkbox"/> No.
.....Tel:.....	Constitution of the Firm : Whether assessed to Wealth Tax : <input type="checkbox"/> Yes <input type="checkbox"/> No.

Present Accommodation	<input type="checkbox"/> Own <input type="checkbox"/> Rented <input type="checkbox"/> Staff Qtrs. <input type="checkbox"/> Company Provided <input type="checkbox"/> Family <input type="checkbox"/> Leased
Preferred Mailing Address	<input type="checkbox"/> Residence <input type="checkbox"/> Office <input type="checkbox"/> Permanent Address <input type="checkbox"/> New Property
No. of Dependents	<div></div> <div></div> No. of Children <div></div> <div></div>

Name of the legal heirs (if studying/employed, please write name of School/College/Employer)

Name	Relationship with applicant	Age	School/College/Employer	Income p.m. (if any)

PROPERTY AND FINANCE DETAILS

Purpose of Loan <input type="checkbox"/> Construction <input type="checkbox"/> Specify : <input type="checkbox"/> Purchase <input type="checkbox"/> Repair <input type="checkbox"/> Renovation <input type="checkbox"/> Extension <input type="checkbox"/> General (If Mortgage Loan) Specify purpose	Present position of the property <input type="checkbox"/> Ready <input type="checkbox"/> Under Construction Location of the property <input type="checkbox"/> Metropolitan <input type="checkbox"/> Semi-urban <input type="checkbox"/> Urban <input type="checkbox"/> Rural	Address of the property
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Nearest Landmark :

Ownership of the Property <input type="checkbox"/> Sole <input type="checkbox"/> Joint	Property type <input type="checkbox"/> Free Hold <input type="checkbox"/> GPA <input type="checkbox"/> Lease Hold (write Unexpired term)	Present Owner
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Dimension (Area of Land) 	Built-up Area
Age in case of ready built : 	Market Value (In case of Ready Built)..... (As per valuer)

Estimated requirement of Funds	(in Rs.)	Estimated sources of Funds	(in Rs.)
Cost of Land		Savings	
Construction Cost		Disposal of Investments	
Additional Works		Prov. Fund (Refundable / Non-Refundable)	
Other Costs (Incl. Tax & Deposits, if any)		Others	
Packing / open space		Loan Amount Required	
Other			
Total Estimation		Total source of Funds	

Amount already spent on construction or Advance / Booking 	Source
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FINANCIAL STANDING

Assets : (Please write value in Rupees)

Particulars	Applicant	Co-applicant
Savings (FD, NSC, PPF, Shares, etc.)		
Property (Land / House / Site at market value)		
Balance of PF account		
Insurance Policies (Mention Sum Assured & Premium p.a.)		
2 Wheeler / 4 Wheeler Vehicle		
Other Assets (Please Specify)		

Liabilities : (Please write value in Rupees)

Name of Bank / FI / Employer	Sanction Date, ROI, Term, Purpose of Loan A/c. No.	Details of Security Offered	Sanction Amount	EMI	Outstanding balance as on Date

Loans availed from CFHL <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Loan Account Nos
Insurance Cover <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy No.
Name of Insurance Company 	Date of Policy

Reference 1	Reference 2
Name :	Name :
Address :	Address :
Landmark.....	Landmark.....
.....Dist :Dist :
State :Pin Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	State :Pin Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
STD Code :Phone (R).....	STD Code :Phone (R).....
Phone (O) :Mobile :	Phone (O) :Mobile :
Email Id :	Email Id :

Additional Information :

1. Referred by : Category (tick applicable) ☐ DSA ☐ CFHL Customer ☐ CFHL Staff
 Account No. (If CFHL Customer) :

2. In my opinion, my friends/relatives (given below) may be interested in availing Housing Loans/ Mortgage Loans

Name	Mobile No.:	Name:	Mobile No. :
i		iv.....	
ii		v	
iii		vi	

3. Document submitted for identification (Attach self attested copy)

☐ PAN Card ☐ Election Commission's ID Card ☐ Passport-Expiry Date ☐ Vote ID ☐ Driving Licence - Expiry Date
☐ Aadhaar ☐ NREGA Card ☐ Ration Card ☐ Gas/Elec./Telephone land line bill ☐ Sale agreement/deed of residence

4. Insurance Details : Yes / No. If Yes -

Name of insurance company
 Date of Policy Policy No.

5. The list of documents submitted along with the application are as per the enclosed list. I undertake to submit the originals of the said the originals of the said documents for verification and comparison with copies, as and when called by CFHL

DECLARATION :

I/We declare that all the particulars and information given in this application from are true, correct and that they shall from the basis of any loan CFHL may decide to sanction to me/us. I/We have no insolvency proceedings/legal proceedings/disciplinary action against me/us nor have I/We ever been adjudicated insolvent. I/We further confirm that I/We have read the Fair Practice Code and understood the contents. I/We also understand that the Processing Charges are not refundable. I/We agree that CFHL may take up such references and make such enquiries in respect of this application, as it may deem necessary. I/We undertake to inform CFHL regarding any change in my / our occupation / employment. I/We undertake to ensure that any construction, addition, alteration, modification or retrofitting of existing construction made by me will be capable of withstanding all natural hazards posing risk and vulnerability to the region where construction of the building is proposed. I/We further agree that my/our loan shall be governed by the rules of CFHL which may be in force from time to time and CFHL reserves the right to reject any application at any stage without assigning any reason.

Date :

Signature of the Applicant :	Signature of the Co-applicant :
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FOR OFFICE USE ONLY

Processing charges paid by Cash/Cheque / DD / PO : <input style="width: 150px;" type="text"/>	Date of letter of offer : <input style="width: 150px;" type="text"/>
Date of receipt of application : <input style="width: 150px;" type="text"/>	Date of acceptance : <input style="width: 150px;" type="text"/>
Date of credit interview: <input style="width: 150px;" type="text"/>	Date of loan papers: <input style="width: 150px;" type="text"/>
Loan amount sanctioned: <input style="width: 150px;" type="text"/>	Rate of interest : <input style="width: 150px;" type="text"/>
Processing charge collected <input style="width: 150px;" type="text"/>	

Remarks by Branch Manager