

Application for Loan under UCO Arhatiyas Scheme

To
The Branch Manager
UCO Bank

Date: _____

..... **Branch**

1. Business Information:

Name of the Applicant/ Enterprise											
Registered Office Address											
	State				PIN						
	Premises (<input checked="" type="checkbox"/>)		Rented				Owned				
Business Address											
	State				PIN						
	Premises (<input checked="" type="checkbox"/>)		Rented				Owned				

Constitution	<input checked="" type="checkbox"/>	Individual	Proprietorship	Partnership	Public Limited Company	Private Limited Company	Other (Please Specify)			
Social Category (Individual)	<input checked="" type="checkbox"/>	General	SC	ST	OBC	Minority (Specify)				
Contact Details	Telephone Number			Mobile Number						
E-mail										
Activity	<input checked="" type="checkbox"/>	Commission Agent			Arhatiyas					
Date of Establishment/ Incorporation			D	D	M	M	Y	Y	Y	Y
GST Registration Number (if applicable)										
Sales Tax/VAT Registration Number										
UDYAM Registration Number										

PAN	
License No. registered as Commission Agent/Arhatiyas	
ZED	

2. Background Information of Arhatiya with address and contact details:

SI No	Name with Designation	Date of Birth	Sex (Male/Female/Third Gender)	Residential Address with Mobile No	Academic Qualification	Experience in the line of activity (Years)	Net Means (₹ in Lacs)
1							
2							

SI No	ID Proof Type	ID Proof No	Address Proof Type	Address Proof No	Passport No (If available)
1					
2					

3. Name of Associate Concerns, if any and Nature of Association thereof:

Name of Associate Concern	Address of Associate Concern	Presently Banking with	Nature of Association Concern	Extent of Interest as a Proprietor/Partners/Directors or Just Investor in Associate Concern

4. Relationship of Arhatiya with the Official/Director of UCO Bank:

Please Select **(Yes/No)**. If yes, please specify _____

5. Banking/Credit Facilities Existing: (₹ in Lacs)

Type of Facilities	Bank Name and Branch	Limit Availed	Outstanding As on
Savings Account			
Current Account			
Term Loan			
Cash Credit			

Any Other			
It is certified that my/our unit has not availed loan from any other Bank/Financial Institution in the past and I/we am/are not indebted to any other Bank/Financial Institution other than those mentioned in point no. "5" above			

6. Activity: _____ Since _____

7. Credit Facilities Proposed: (₹ in Lacs)

Type of Facilities	Amount (₹ in Lacs)	Purpose for which Required	Security Offered (Details with Approx. value to be mentioned)	
			Primary Security	Collateral Security
Overdraft**				
Total				

**** Information related to Overdraft Facility: (₹ in Lacs)**

Financial Year	Annual Sales/Turnover (As per GST Return/Balance Sheet)	Annual Commission Earned (As per GST Return/Balance Sheet)	Debtors/Receivables

8. Status Regarding Statutory Obligations:

SI No	Statutory Obligations	Whether Complied with (Select Yes/No) If not applicable then select NA	Certificate No
1	Registration under MSME	Yes/No/NA	
2	Latest GST Return Filed	Yes/No/NA	
3	Latest Income Tax Returns Filed	Yes/No/NA	
4	Any other Statutory dues remaining outstanding	Yes/No/NA	

9. CGTMSE Coverage required, if yes, furnish amount _____

10. Details of Security offered :

(a) Details of immovable property offered as Security:

SI No	Detail description of Immovable property and name of the owner of Security	Particulars of Security	
		Nature	Value (₹ in Lacs)
1			
2			

(b) Liquid Security Details:

Sl No	Name of the owner of Liquid Security	Particulars of Security		
		Type	Details	Value (₹ in Lacs)
1		Bank's own FD/RD		
2		Life Insurance Policy		
3		NSC		
4		KVP		

11. Any other relevant information:**13. Declaration:**

I/We hereby certify that all information furnished by me/us is true, correct and complete. I/We have no borrowing arrangements for the unit except as indicated in the application form. There is/are no overdue/statutory due owed by me/us. I/We shall furnish all other information that may be required by Bank in connection with my/our application. The information may also be exchanged by you with any agency you may deem fit. You, your representatives or Reserve Bank of India or any other agency as authorised by you, may at any time, inspect/verify my/our assets, books of accounts, etc in our office/business premises/place as given above. You may take appropriate safeguards/action for recovery of bank's dues.

Paste recent passport size photograph	Paste recent passport size photograph	Paste recent passport size photograph
(Signature of Individual/ Proprietor/Partners/Directors whose photo is affixed above)	(Signature of Individual/ Proprietor/Partners/Directors whose photo is affixed above)	(Signature of Individual/ Proprietor/Partners/Directors whose photo is affixed above)

Date: _____

Place: _____