

Occupational Details

If Salaried Working for Designation _____ Employee Code _____ Date of Joining _____	Applicant <input type="checkbox"/> Public Ltd. <input type="checkbox"/> MNC <input type="checkbox"/> Private Ltd. <input type="checkbox"/> Central/State Govt. <input type="checkbox"/> Proprietor/Partnership <input type="checkbox"/> Educational Inst. <input type="checkbox"/> Public Sector Unit <input type="checkbox"/> Others _____ _____ Dept _____ _____ Day of Salary <input type="text" value="DD"/> <input type="text" value="DD"/> <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> Retiring <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>	Co-Applicant <input type="checkbox"/> Public Ltd. <input type="checkbox"/> MNC <input type="checkbox"/> Private Ltd. <input type="checkbox"/> Central/State Govt. <input type="checkbox"/> Proprietor/Partnership <input type="checkbox"/> Educational Inst. <input type="checkbox"/> Public Sector Unit <input type="checkbox"/> Others _____ _____ Dept _____ _____ Day of Salary <input type="text" value="DD"/> <input type="text" value="DD"/> <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> Retiring <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>
If Business If Professional Date of commencement of Business / Profession _____	<input type="checkbox"/> Trader <input type="checkbox"/> Manufacturer <input type="checkbox"/> Whole-seller <input type="checkbox"/> Others (specify) _____ <input type="checkbox"/> Doctor <input type="checkbox"/> CA/ICWA/CS <input type="checkbox"/> Architect Others (specify) _____ <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>	<input type="checkbox"/> Trader <input type="checkbox"/> Manufacturer <input type="checkbox"/> Whole-seller <input type="checkbox"/> Others (specify) _____ <input type="checkbox"/> Doctor <input type="checkbox"/> CA/ICWA/CS <input type="checkbox"/> Architect Others (specify) _____ <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>

Financial Status

Gross Monthly Income _____ Net Monthly Income _____ Average Monthly Expenses _____ Assets Saving Bank A/c _____ Value of immovable Property _____ Current Balance in PF _____ Value of Shares & Securities _____ Fixed Deposits _____ Others _____ Total Assets _____ Liabilities Credit Society Loan _____ Employer Loan _____ Home Loan _____ PF Loan _____ Vehicle Loan _____ Personal Loan _____ Other Loan _____ Total Liabilities _____	Applicant Rs. _____ Rs. _____	Co-Applicant Rs. _____ Rs. _____
--	---	--

Additional Information

Loan Details (Is applicable only if applicant/co-applicant has a loan outstanding)

Name of Institution	Purpose for loan	Disbursed Loan Amt	EMI	Balance Term	Balance Outstanding

Credit Card Details

Holder Name	Credit Card No.	Card Holder Since	Issuing Bank	Credit Limit	Outstanding Amount

Bank A/c Details

Holder Name	Bank Name/Branch	A/c Type	Account No.	A/c Opening Date	Balance Amt.

Insurance Details (Applicant & Co-Applicant)

	Policy 1	Policy 2	Policy 3	Policy 4
Issued By				
Brand Name				
Holder Name				
Policy No.				
Maturity Date				
Policy Value				
Policy Type				
Premium (yearly)				
Paid-Up Value				

Loan Requirement Details

Property selected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Address	_____
City	_____ Dist _____ State _____ Pincode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Landmark	_____
Land Area (Sq. Mtr.)	_____ Built up Area (Sq. Mtr.) _____
Ownership	<input type="checkbox"/> Sole <input type="checkbox"/> Joint Land Type <input type="checkbox"/> Freehold <input type="checkbox"/> Leasehold
Purchased From	<input type="checkbox"/> Builder <input type="checkbox"/> Society <input type="checkbox"/> Development Authority/Housing Board <input type="checkbox"/> Resale
	<input type="checkbox"/> Self Construction
Construction stage	<input type="checkbox"/> Ready <input type="checkbox"/> Under Construction Stage of Construction % _____

Rest Frequency	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly
Interest Option	<input type="checkbox"/> _____ <input type="checkbox"/> Variable
Tenure of Loan	_____ Years
Purpose of Loan	<input type="checkbox"/> Home Loan <input type="checkbox"/> Home Improvement <input type="checkbox"/> Home Extension Loan <input type="checkbox"/> Land Purchase Loan
	<input type="checkbox"/> NRPL <input type="checkbox"/> Others _____
Payment Method	<input type="checkbox"/> Salary Deduction <input type="checkbox"/> Post dated cheque <input type="checkbox"/> Standing Instruction to Banker
	Other _____

Land Cost	Rs. _____	Amount Spent	Rs. _____
Agreement Value	Rs. _____	Balance Funds	
Amenities Agreement	Rs. _____	1) Saving	Rs. _____
Stamp Duty/Reg. Charges	Rs. _____	2) Disposal of Asset	Rs. _____
Cost of Construction/Ext/Imp	Rs. _____	3) Family	Rs. _____
Incidental	Rs. _____	4) Others	Rs. _____
		Total Balance Fund (1+2+3+4)	Rs. _____
(A) Total Requirement of funds	Rs. _____	Loan Required	Rs. _____
		(B) Total Source of funds	Rs. _____

General Information

Is the legal Title of the Property clear	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reference 1
Will AHFL	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____
will be able to get 1st Mortgage		Address _____
Is/Are applicant(s) resident(s) of India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Has/Have applicant(s) applied to	<input type="checkbox"/> Yes <input type="checkbox"/> No	City/Dist _____
AHFL earlier		State _____
Has/Have applicant(s) given Guarantee to any	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pin code _____
loan with AHFL		Phone No. _____
Do you intend to give the dwelling unit on rent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation _____
Did you get to know about AHFL from	<input type="checkbox"/> Paper Insert <input type="checkbox"/> TV Advt.	Reference 2
<input type="checkbox"/> Hoarding <input type="checkbox"/> Banner <input type="checkbox"/> Existing Customer <input type="checkbox"/> Cards		Name _____
<input type="checkbox"/> Paper Advt. <input type="checkbox"/> Other		Address _____
When do you prefer the Loan to be Sanctioned (Date) <input type="checkbox"/>		_____
Disbursed (Date) <input type="checkbox"/>		City/Dist. _____
Do you own	<input type="checkbox"/> Car <input type="checkbox"/> 2-Wheeler <input type="checkbox"/> Computer	State _____
<input type="checkbox"/> Air Condition <input type="checkbox"/> Refrigerator <input type="checkbox"/> Microwave		Pin code _____
In which language you wish to be Communicated		Phone No. _____
<input type="checkbox"/> Local Language <input type="checkbox"/> English		Occupation _____
Would you be interested in Insuring yourself <input type="checkbox"/> Yes <input type="checkbox"/> No		

Declaration

I/We declare that all the particulars and information given in this application form are true, correct and complete and that they shall form the basis of any loan AHFL may decide to grant to Me/Us. I/We confirm that I/We have/had no insolvency proceedings against Me/Us nor have I/We been adjudicated insolvent. I/We further confirm that I/We have read the brochure and understood the content. I/We also understand that the processing fees are non-refundable. I/We undertake to inform AHFL regarding any changes in My/Our occupation/Employment. I/We further agree that My/Our loan shall be governed by the rules of AHFL which are in force at the time of making this application and which may be changed in future at the sole discretion of AHFL.

Applicant Signature	Co-Applicant Signature
Date:	Date:

