

## LOAN APPLICATION FORM

Application No. \_\_\_\_\_ Date of application 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

### Instructions

1. Please write all the information in BLOCK LETTERS.
2. Please do not overwrite or use correction fluid.
3. Put cross in the box wherever applicable ☐ X
4. All details must be filled in, please write NA if not applicable.
5. Please add another application from if there is more than one co-applicant in the loan.
6. Please ensure all the documents are self-attested by you.
7. Please take photocopies of all the documents that are submitted to Centrum Housing Finance Limited for your personal record.

Applicant  
Please paste  
passport size  
photograph here  
with signature  
across

Co-Applicant  
Please paste  
passport size  
photograph here  
with signature  
across

| Personal Details                | Applicant                                                                                                                                                                                                              | Co-Applicant / Guarantor                                                                                                                             |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|
| First Name                      | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                                                                                          | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                        |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| Middle Name                     | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                                                                                          | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                        |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| Last Name                       | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                                                                                          | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                        |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| Mother's Maiden Name            | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                                                                                          | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                        |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| S/O, D/O, W/O                   | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                                                                                          | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                        |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| Gender                          | <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | D                                                                                                                                                    | D | M | M | Y | Y | Y | Y | <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | D | D | M | M | Y | Y | Y | Y |
| D                               | D                                                                                                                                                                                                                      | M                                                                                                                                                    | M | Y | Y | Y | Y |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| D                               | D                                                                                                                                                                                                                      | M                                                                                                                                                    | M | Y | Y | Y | Y |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| Current residential address     | <table border="1" style="width: 100%; height: 40px;"></table>                                                                                                                                                          | <table border="1" style="width: 100%; height: 40px;"></table>                                                                                        |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| Address Type :                  | <input type="checkbox"/> Rural <input type="checkbox"/> Semi-Urban <input type="checkbox"/> Urban <input type="checkbox"/> Metro                                                                                       | <input type="checkbox"/> Rural <input type="checkbox"/> Semi-Urban <input type="checkbox"/> Urban <input type="checkbox"/> Metro                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| No. of Years in Current Address | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                                                                                          | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                        |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| Mobile No. & Phone No.          | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                                                                                          | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                        |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| Email ID (Personal)             | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                                                                                          | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                        |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| Permanent residential address   | <table border="1" style="width: 100%; height: 40px;"></table>                                                                                                                                                          | <table border="1" style="width: 100%; height: 40px;"></table>                                                                                        |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| Address Type :                  | <input type="checkbox"/> Rural <input type="checkbox"/> Semi-Urban <input type="checkbox"/> Urban <input type="checkbox"/> Metro                                                                                       | <input type="checkbox"/> Rural <input type="checkbox"/> Semi-Urban <input type="checkbox"/> Urban <input type="checkbox"/> Metro                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| Present Accommodation           | <input type="checkbox"/> Own <input type="checkbox"/> Family <input type="checkbox"/> Rented <input type="checkbox"/> Employer <input type="checkbox"/> Other                                                          | Relationship with Applicant                                                                                                                          |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| Marital Status                  | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Other                                                                                         | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Other                       |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| No. of dependents               | <input type="checkbox"/> Children <input type="checkbox"/> Others                                                                                                                                                      | <input type="checkbox"/> Children <input type="checkbox"/> Others                                                                                    |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| Category                        | <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/> Other                                                                   | <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/> Other |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| Religion                        | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                                                                                          | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                        |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| Minority                        | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                             |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| Person with Disability          | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                             |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| Qualification                   | <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Postgraduate                                                                                                         | <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Postgraduate                                       |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| PAN                             | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                                                                                          | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                        |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| Passport No.                    | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                                                                                          | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                        |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| Aadhaar No.                     | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                                                                                          | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                        |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| Voter ID                        | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                                                                                          | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                        |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| CKYC No. if available           | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                                                                                          | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                        |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |
| Status                          | <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> PIO                                                                                                                   | <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> PIO                                                 |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |

| Employment Details    | Applicant                                                                                                                                                                                                                                                       | Co-Applicant / Guarantor                                                                                                                                                                                                                                        |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Occupation            | <input type="checkbox"/> Salaried <input type="checkbox"/> Non-Salaried <input type="checkbox"/> Business<br><input type="checkbox"/> Self-employed <input type="checkbox"/> Professional <input type="checkbox"/> Home Maker<br><input type="checkbox"/> Other | <input type="checkbox"/> Salaried <input type="checkbox"/> Non-Salaried <input type="checkbox"/> Business<br><input type="checkbox"/> Self-employed <input type="checkbox"/> Professional <input type="checkbox"/> Home Maker<br><input type="checkbox"/> Other |
| Company/Business Name | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                                                                                                                                   | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                                                                                                                                   |

| Financial Status               | Applicant          | Co-Applicant / Guarantor |
|--------------------------------|--------------------|--------------------------|
| Gross Monthly Income ₹         |                    |                          |
| Net Monthly Income ₹           |                    |                          |
| Other Income ₹                 | <div></div> Source | <div></div> Source       |
| Average Monthly Expenses ₹     |                    |                          |
| <b>Assets</b> ₹                |                    |                          |
| Saving bank a/c balance ₹      |                    |                          |
| Value of immovable property ₹  |                    |                          |
| Current balance in PF ₹        |                    |                          |
| Value of shares & securities ₹ |                    |                          |
| Fixed Deposits ₹               |                    |                          |
| Other Investments/Assets ₹     |                    |                          |
| Total ₹                        |                    |                          |

| Additional Information                                 |              |        |          |         |
|--------------------------------------------------------|--------------|--------|----------|---------|
| Bank a/c Details (Applicant & Co-Applicant /Guarantor) |              |        |          |         |
| Name of Account Holder                                 | Name of Bank | Branch | A/c type | A/c No. |
|                                                        |              |        |          |         |
|                                                        |              |        |          |         |
|                                                        |              |        |          |         |

Insurance Details (Applicant & Co-Applicant/Guarantor)

|                  | Policy 1 | Policy 2 | Policy 3 | Policy 4 |
|------------------|----------|----------|----------|----------|
| Holder Name      |          |          |          |          |
| Issued by        |          |          |          |          |
| Policy No.       |          |          |          |          |
| Policy Type      |          |          |          |          |
| Maturity Date    |          |          |          |          |
| Sum assured ₹    |          |          |          |          |
| Annual Premium ₹ |          |          |          |          |
| Issue Date       |          |          |          |          |

Estimate of Required Funds

Type of Property

☐ Residential Apartment

☐ Builder Floor

☐ Independent House

☐ Plot + Independent House

☐ Row House / Villas / Others

Purpose of Loan

☐ Home purchase☐ Plot + Construction

☐ Self construction☐ Upgradation☐ Extension☐ Business Expansion☐ Balance Transfer

☐ Enhancement☐ Refinance

☐ Plot Purchase☐ Builder Purchase☐ Other

If Builder Purchase

RERA No.

Property Selected

☐ Yes☐ No

Locality

☐ Rural☐ Semi-urban☐ Urban☐ Metro

Property Address

City / Town

PinState

Land area (sq mtr)Built up are (sq mtr)

Ownership

☐ Self☐ Joint

Construction stage

☐ Ready☐ Under construction

Stage of construction %

Estimated market value of property

Land type

☐ Freehold☐ Leasehold

Purchased from

☐ Builder☐ Society☐ Resale

☐ Development Authority / Housing board☐ Self construction

Property Residual Age yrs

Estimate of Required Funds

Land cost ₹

Agreement value ₹

Amenities value ₹

Stamp duty & Registration ₹

Cost of construction /Ext/Imp ₹

Incidental cost (if any) ₹

Loan outstanding (for refinance) ₹

Total requirement of funds ₹

No. of houses owned by the borrower

Estimate of Source of Funds

Amount spent ₹

Sources of own contribution

Saving ₹

Disposal of assets ₹

Family ₹

Other ₹

Total own contribution ₹

Loan Requirement ₹

Total sources of funds ₹

Preferred Mailing Address

☐ Current

☐ Permanent

☐ Office

☐ Property to be financed

**Declaration:** I/We have been explicitly informed by the Company/Lender about the factors determining the applicable rate of interest, the approach for gradation of risk, and the rationale for charging the rate of interest. This information is also available on the website of the Company/Lender.

Acknowledgement

Application Form No.  Date of Application 

D

D

M

M

Y

Y

Y

Y

 Product

We confirm having received upfront login fee\* of ₹ , favouring 'Centrum Housing Finance Limited' via cheque\*/draft no.

drawn on  from Mr./Mrs./M/s.

In case of any queries, please contact us at our toll free number 18001036324

Telephone  Mobile  Sales Representative

## Login Fee

Instrument Type ☐ Cheque ☐ DDInstrument Date          Instrument no.        Amount (₹)        Drawn on Bank Branch 

## Reference 1

Name          Address                            City / Town Pin       State Relationship  Known since Telephone  Mobile Email ID 

## Reference 1

Name          Address                            City / Town Pin       State Relationship  Known since Telephone  Mobile Email ID 

## Declaration

I/We apply for sanction of Loan from Centrum Housing Finance Limited ("Lender"). For the purpose of obtaining the Loan applied for, I/we declare, confirm and undertake to the Lender the following: (1) That all the particulars and information given in this application from or submitted to the Lender are true, correct, complete, and updated in all respects; (2) That there are no material and/or relevant information withheld/concealed from the Lender which would have adverse impact on credit decisions of the Lender; (3) That no insolvency or bankruptcy proceedings have been initiated against me/us nor have I/we ever been adjudicated insolvent; (4) That there has never been award or adverse judgment or a decree in a court case involving breach of contract, tax malfeasance or other serious misconduct which shall adversely affect my/our ability to repay the Loan; (5) That I/we have never been a defaulter with the Lender or any other financial institution; (6) That if any discrepancy is found or observed from the information given, the Lender shall have sole discretion to cancel sanction of Loan at any stage and/or recall the Loan if any disbursed, in such an event, the processing fee shall be liable to be forfeited; further, this is without prejudice to the Lender's right to initiate appropriate legal recourse. The Lender shall be under no obligation to refund the registration /upfront /processing /any other fee in any event; (7) That I/we shall inform Lender regarding any change in respect of the above information submitted including change in address, occupation, income, and telephone numbers etc.; (8) That I/we shall pay processing charges as applicable and charged by Lender; (9) That the security/Property/assets offered by me/us for obtaining the Loan is free from any encumbrance, lien and has/have marketable title, further I/we have all rights to create charge/security interest on such security/property/assets in favour of the Lender; (10) That I/we authorize the Lender or its agent to carry out credit bureau checks, to make references and enquires relating to information in this application from which the Lender considers necessary; (11) That I/we authorize Lender to exchange/share/part with all information relating to my/our Loan to other banks/financial institutions/credit bureaus/agencies as may be required and shall not hold Lender liable for use of this information; (12) That I/we authorize the Lender to exchange/share/part with all information relating to my/our Loan to third parties which may provide services that I/we may require. I/We shall not hold Lender liable for use of information by third parties and declare that I/we shall not hold the Lender liable for delivery services by such third parts; (13) That I/we shall indemnify the Lender against any loss or damage (which the Lender may suffer) as a result of any action/claim raised by such institutions or any third party for making reference, conducting investigations and/or making disclosures in terms of preceding clauses; (14) That I/we permit the Lender to contact me with respect to the products and services offered by the Lender or by any other person(s) and further allow the Lender to cross sell other products and services offered by such other person(s); (15) That I/we declare that I/we have not made any cash payment to the direct Sales Executive/Direct Sales Agencies with regard to my/our Loan; (16) That I/we confirm to have read & understood the terms applicable for obtaining the Loan; (17) That I/we confirm that I/we have also been explained the terms applicable for obtaining the Loan in vernacular /language which I/we understand; (18) That I/we have read and understood the terms & conditions relating to Loan Scheme & hereby agree to be bound by the said terms & conditions or by the revised additional terms & conditions which may at any time hereinafter be made while the Loan availed by me/us is still outstanding; (19) That I/we have read and understood the terms pertaining to interest rate/default interest /processing fee /prepayment charges, other charges and terms of the Loan from the Lender; (20) That I/we declare whatever declared above is true and correct and can be relied on by the Lender for sanction of Loan; (21) I/We have been given other alternative means by CHFL for KYC purposes, including physical KYC by submitting officially valid documents, and I/We have voluntarily chosen Aadhaar-based KYC and e-KYC; (22) I/We hereby give explicit consent to download my/our records from CKYCR.

Applicant's signature Co-applicant's signature Date          Date          Place Place 

## For Office Use Only

HUB Name & Code Spoke Name & Code Product Source Type ☐ In-House ☐ DST/RO ☐Connector ☐ DSA ☐ Sahayak ☐Sub-Product Channel / Sahayak Name Channel Code / Lead ID Scheme Group DST/RO Name DST/RO Code Scheme RM/SM Name RM/SM Code Sub-Scheme 

## Fees &amp; Charges

Please refer to the schedule of charges for the latest fees and charges updated on our website : [www.chfl.co.in](http://www.chfl.co.in)  
Customers can also make enquiries at any branch of Centrum Housing Finance Limited.

Any GST &amp; other Government levies as applicable on the fees and charges shall be payable by the Applicant.



Centrum Housing Finance Limited

Regd office: Unit 801, Centrum House, CST Road, Vidyanagri Marg, Kalina, Santa Cruz (East), Mumbai – 400 098  
[www.chfl.co.in](http://www.chfl.co.in) | CIN: U65922MH2016PLC273826

Customer copy, please retain