

INDIVIDUAL LOAN APPLICATION FORM FOR NON-RESIDENT INDIANS / PERSONS OF INDIAN ORIGIN



With you, right through

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PERSONAL INFORMATION OF APPLICANT(S)

		Applicant			Co-applicant		
		Surname	First Name	Middle Name	Surname	First Name	Middle Name
NAME							
FATHER'S/HUSBAND'S NAME							
<input type="checkbox"/> CURRENT RESIDENTIAL ADDRESS	P.O. Box:				P.O. Box:		
	City:	Country:			City:	Country:	
PHONE NO. WITH ISD CODE	Mobile:				Mobile:	Relationship with Applicant:	
CURRENT RESIDENCE IS	<input type="checkbox"/> Self owned <input type="checkbox"/> Family <input type="checkbox"/> Rented <input type="checkbox"/> Company Leased/Provided by Employer						
<input type="checkbox"/> Permanent Address in India:							
				Land Mark:	Pin Code:		
PHONE NO. WITH STD CODE				Mobile: _____			
E-MAIL ID							
DATE OF BIRTH/SEX	Age ___ Yrs. / <input type="checkbox"/> M <input type="checkbox"/> F				Age ___ Yrs. / <input type="checkbox"/> M <input type="checkbox"/> F		
STATUS/MARITAL STATUS	<input type="checkbox"/> Non-Resident <input type="checkbox"/> PIO's / <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other			<input type="checkbox"/> Non-Resident <input type="checkbox"/> PIO's / <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other			
NO. OF DEPENDANTS	___ Children		___ Others		___ Children ___ Others		
OCCUPATION & DESIGNATION	<input type="checkbox"/> Employed <input type="checkbox"/> Self employed /			<input type="checkbox"/> Employed <input type="checkbox"/> Self employed /			
QUALIFICATIONS							
MONTHLY INCOME	Rs.				Rs.		
OTHER INCOME	Rs.		Source:		Rs. Source:		
<input type="checkbox"/> EMPLOYER/BUSINESS NAME							
AND ADDRESS (Please mention the address of the office you are based at)							
				Country:		Country:	
OFFICE PHONE NO. WITH ISD CODE							
E-MAIL ID							
YRS. IN PRESENT OCCUPATION	Yrs.	Retirement age	Yrs.	Yrs.	Retirement age	Yrs.	
DEPARTMENT	Employee No.:			Employee No.:			
Applicant: Passport No. _____ Visa Valid upto: _____				Co-applicant: Passport No. _____ Visa Valid upto: _____			
Please indicate preferred HDFC location for processing your application in India: _____							
Please indicate preferred Communication address by ticking <input checked="" type="checkbox"/> the appropriate box.							

LOAN REQUESTED

Amount Rs. : _____ Term: yrs. _____
 Your monthly Expenditure Rs. : _____
 Instalment you and co-applicant (if any) can pay to HDFC per month Rs. : _____

TYPE OF LOAN

Rest Frequency Annual Monthly
 Rate Option Fixed Adjustable
 Combination

Signature of Applicant _____

- Home Loan Home Improvement Loan Home Conversion Loan
 Home Extension Loan Land Purchase Loan Short Term Bridging Loan

LOAN DETAILS

Purpose of Loan Construction Purchase Extension Improvement Refinance

Estimate of Requirement of funds

- Land cost Rs. : _____
- Total purchase price/construction cost Rs. : _____
- Incidental costs (if any) e.g. Stamp duty, Registration charges, etc. Rs. : _____
- Other costs (please specify) Rs. : _____
- Loan outstanding (for refinance) Rs. : _____

Estimate of Sources to meet requirement of funds

- Loan requested from HDFC
 Fixed Rate Rs. : _____
 Adjustable Rate Rs. : _____
- Savings from Bank Rs. : _____
- Disposal of investments (fixed deposits / shares, etc.) Rs. : _____
- Amount already spent (source _____) Rs. : _____
- Provident Fund (refundable/non-refundable) Rs. : _____
- Other (specify _____) Rs. : _____

A. Total requirement of funds (Total) Rs. : _____

B. Estimate of sources of funds (Total) Rs. : _____

Note: 'A' which is the total requirement of funds, should equal estimate of sources, 'B' which indicates the sources from where the cost will be met. It is important that you indicate in detail the sources from where the cost will be met in order to help us process your application faster.

PASTE RECENT PHOTOGRAPH OF APPLICANT WITH SIGNATURE

PASTE RECENT PHOTOGRAPH OF CO-APPLICANT WITH SIGNATURE

Name and Address of Local Contact/Power of Attorney in India _____

 LAND MARK: _____
 PIN CODE: _____ STATE: _____
 PHONE NO. _____ (M): _____
 E-MAIL _____
 RELATIONSHIP WITH APPLICANT: _____

FOR OFFICE USE ONLY

Fees : Rs. _____
 Date : _____
 Initials : _____
 File No. : _____
 Channel Partner Code: _____
 Associate/Executive _____