

**APPLICATION FORM**

STATE BANK OF INDIA

..... BRANCH

**APPLICATION CUM INTERVIEW FORM FOR FINANCING OF TERM LOAN FACILITY TO THE I-WAY FRANCHISEES OF SIFY UNDER SBI-SIFY TIE UP ARRANGEMENT.**

1.	Name of the unit  Identification Code :	
2	Address of the unit  Ph. No:  Fax No.  Email/Website	Premises owned /rented
3	Address of Regd. Office in case of Corporates	Premises owned/rented
4	Address for correspondence  Ph. No.  Fax. No.  Email/Website	
5	Other business, if any	
6	Year of Commencement of Business	
7	Experience in the line of activity	
8	Constitution	

DETAILS OF PROPRIETOR/PARTNERS/DIRECTORS					
Name & Qualification	Age	PAN	Residential Address	Phone/Mobile	Net Worth

(Opinion report on the bank's prescribed format should be prepared)

DETAILS OF EXISTING BANKING ARRANGEMENTS				
Name of the Bank/Branch	Facility	Limit	Outstanding	Banking since

DETAILS OF ASSOCIATE/SISTER/IDENTICAL FIRMS				
Name of the unit	Name of the Prop/partners	Banking with	limit	Outstanding

Particulars of registration under Shops & Establishment Act/Sales Tax Act/ Any other Act.	
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Position regarding Statutory Assessment Under IT/Sales Tax/Any other Year upto which assessment completed	
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CREDIT FACILITIES REQUIRED	
Fund based	Limit required
Term Loan	

BREAK UP OF ASSETS			
Description	Brand	Supplier	Amount
Computer hardware			
Furnishing			
Interior decoration			
Electrical installation			
Networking			
Payment to site			
Others (please specify)			

DETAILS OF SECURITY OFFERED	
Primary	
Collateral	

IMMOVABLE PROPERTY			
Description of Property	Name of the Owner	Value of the Property	Basis of valuation

LIQUID SECURITIES				
Description	Name of the Owner	Face Value	When acquired	Present value

( Rs/ Lacs)

DETAILS OF GUARANTOR(S)				
Name of the Guarantor & Address	Age	Qualification	Networth	Banking with

I/We declare that the information given in the application form are true, correct and complete and that they shall form the basis of any kind of facility State Bank of India may decide to extend to me/us. I/We shall furnish all other information that may be required by the Bank in connection with my application. The information may also be exchanged by you with any agency you may deem fit. You may take appropriate safe guards/action for recovery of bank dues including publication of defaulters names in website/submission to RBI. I/We confirm that I/we have no borrowing arrangements for the unit with any bank except those indicated in the application. I/We confirm that I/We are not defaulter of any bank/any financial institution. I/We confirm that there are no over dues / statutory dues owed by me/us and I/We have/had no insolvency proceedings against me/us nor have I/we ever been adjudicated insolvent. I/we undertake to abide by the Rules and Regulations of State Bank of India in respect of the facilities being extended to me/us.

Date :

Place :

Signature of the Borrower

Name of the interviewing Official

Designation :

## **LIST OF DOCUMENTS TO BE ATTACHED**

1. Partnership deed in original ( to be returned) and a copy thereof
2. Memorandum & Articles of Association with Certificate of incorporation in original (to be returned) and copies thereof.
3. Copies of the balance sheet (s) of the firm/company for past three years
4. Latest copy of Income tax, sales tax assessment order etc.
5. Statement of account from the existing banker for last 3 months
6. Photocopies of PAN card of partners/Directors wherever available
7. Statement of personal assets and liabilities of proprietor/partners/directors /guarantors
8. 2 copies of photographs of proprietor/directors/partners
9. Copies of the relevant license/ statutory clearances, documents pertaining to ownership/ Tenancy/lease agreement in respect of premises where activity will be carried out / Service or trade related agreements etc.
10. Copy of Title deeds relating to collateral security being offered.
11. Certification from ISS (International Security Standards) or any other certification agency if any .

**Opinion cum comfort letter to be provided by Sify (On Letter Head of Sify)**

1. Name and Address of franchisee
2. Year of appointment of dealer
3. Identification code
4. Range of services provided

- |                 |                          |
|-----------------|--------------------------|
| a. Browsing     | <input type="checkbox"/> |
| b. Net-to Phone | <input type="checkbox"/> |
| c. Scanning     | <input type="checkbox"/> |
| d. Printing     | <input type="checkbox"/> |
| e. Gaming       | <input type="checkbox"/> |
| f. Any other    | <input type="checkbox"/> |

Please Specify \_\_\_\_\_

5. Limit recommended (final decision as per banks policy)

We hereby confirm that the information given above is true to the best of our knowledge and shall be treated strictly confidential and without any liability on the company for and credit decision taken by bank and accept the terms and conditions stated in the MoU signed by Bank and Sify dated:

Name of the Authorized official:

Mr./Mrs. \_\_\_\_\_

Designation \_\_\_\_\_

Signature

Date:

**Office Stamp and Seal**