Annexure-II APPLICATION FORM FOR EMPANELEMENT OF DIRECT SELLING AGENTS (DSAs) FOR HOUSING LAONS

Name of Organization		
2. Constitution	: Sole P	roprietorship /Partnership/ Company
		e of the Firm / Partnership Deed / ted Companies etc. as applicable.)
3. Business Address	nur dark a storija	
to a female and out as a section	dasa waa a awaa waaan ee ah	
CITY	State	PIN CODE
Telephone No.	Fax No.	Mobile No of Key Person
Email Address:		Website:
4. PAN NO / TAN NO / DI (Enclose Copy of relev5. Details of Existing Bank	ant ID)	
7. Premise Ownership		Owned / Rented / Carpet Area
8. Proprietor/Partners/Man Address	aging Partner/Man	aging Directors' with Residential
CITY	State	PIN CODE -
AN NO -		
ddress Proof -		
Enclose Copies of PAN / Add	ress Proof)	
(Use additional sheets if re	quired)	



9. Profile of Proprietor/Partners/Managing Partner/Managing Directors' 10. Names and qualifications of the Promoters b) _____ Note: kindly Enclose last 3 year ITRs of the Proprietor / Partners / Directors of the firm/company 11. Financial Standing: 31.03.201_ 31.03.201 31.03.201 # **Particulars** Audited Audited Audited 6 **Net Sales** Net Profit after Tax Depreciation Cash Accruals Tangible Net Worth (Enclose copies of Audited Balance Sheet/Profit& Loss Statement for the last 3 years) 12. Details of experience as DSA of Other Banks' 1. Name of Bank/FI/HFI/Builders Since When empanelled Line of business Housing Loan Proposals mobilized during last two years: Average Ticket Size Commission rate 2. Name of Bank/FI/HFI/Builders Since When empanelled

(Applicant must be empanelled with minimum two Bank/FI/HFI/Builders. If



Housing Loan Proposals mobilized during last two years:

Line of business

Average Ticket Size Commission rate

noted with multiple Bank/FI/HFI/Builders encloses additional sheets

and support		ents)	iders encloses ac	antonal sheets
13. References: I	ndustry / M	larket reference (Mi	nimum 2)	
(Other than B	Banks/Fls/H	HFIs/Builders where	e empanelled as D	OSA)
a) Name of the a	associate			
Constitution				
Line of Busine	ess			
Name & telep	hone numb	er of contact persor		
b) Name of the a	associate		: 5	250 L
Constitution				
Line of Busine	ess			
Name & teleph	none numbe	er of contact person	A.	
14. Minimum Assu	red Busine	ss		
a. No of Pro	oposals pe	r month		
b. Loan am	ount per r	month (Rs.in Lakh)		
c. No of Pro	oposals dui	ring first six months		
d. Loan am	ount during	g first six months (I	Rs. in Lakh):	
5. (a) Employee	Details of D	DSA:		
Sales / Market Executives	ting	Tele Calling Employees	Others	Total Staff
Source State State :				
(b) Personal D	etails of the	e Employees:		
Name of the E	Employee:			
Contact No.:		j.	Email Address:	
Qualification				
Residential Ad	dress:	Since in the Light of the		
ig Smarth	<i>y</i>			
			DIM OOD	gi ricetti i suntan i se
CITY		State	PIN CODI	- The property
PAN NO	CAD /T	10/la a 1 a a		
Whether Owns		o vvneeler -		
Annual Inc	come	•		
Details of Prev	nous Empl	OVE -		



Reasons if any for discontinuing from previous Employer - Last 3 Months Performance:

Total Leads	Total Business
Generated	Mobilised

(Please enclose above details for all Employees proposed to be mapped with our Bank)
16. Any other information

Certified that the above information is true and correct

(Seal and Signature of Proprietor/Partners/Managing Partner/Managing Director/CEO)

