

To,
The Dy. General Manager (Recovery)
Bank of Maharashtra
Head Office, 1501, "Lokmangal",
Shivajinagar, Pune- 411005

Application for empanelment of Resolution Agent

1	Name of the Applicant	:	
2.	Whether Applicant is registered as Asset Reconstruction Company	:	
3	Whether the Applicant is empanelled as Resolution Agent by Asset Reconstruction Company, is yes, Please mention the name of Asset Reconstruction Company (enclose documentary proof) and also mention quantum/value/outstanding of Assets (in crore) for resolution, as on 31.12.2014 (enclose documentary proof) & on 31.03.2015 (enclose documentary proof)	:	
4	Whether the applicant is firm/company/LLP. If Yes please mention years of standing as on 31.12.2014 (enclose documentary proof) and also mention quantum/value/outstanding of assets (in crore) in hand for resolution as on 31.12.2014 (enclose documentary proof) & on 31.03.2015 (enclose documentary proof)	:	
5	Constitution (please enclose documentary proof)	:	
6	Date of Incorporation / commencement of business / operation	:	
7	Permanent Account Number (PAN)	:	
8	Number of years of experience in the relevant field (please enclose proof of experience)	:	
9	Name of Banks to whom Financial Advisor/s assisted in sale of NPA	:	
10	Details of adverse action initiated by / pending with any institution / banks / Courts / Authority against the Resolution Agent, its proprietor/ and or partners and / or Directors (Past and present)	:	

I/we am/are declare that I/We am/are ready and willing to be empanelled as Resolution Agent with Bank of Maharashtra on the terms & conditions (Please enclose duly signed copy of terms and conditions) stipulated by the bank including execution of non-disclosure agreement with the bank.

I/we am/are declare that I/We further declare that all the information disclosed by me are true and correct, and in case any information furnished by me is wrong. Bank may intitaitie necessary proceeding as deemed fit and proper by Bank in its own discretion.

Date:

Place:

(Signature of the Applicant)

Name: _____

(Attested Signature of Authorised Representative)

Designation: