

¹Annexure to Credit Facility Application Form No. _____ dated _____

1. **Purpose of the Facility :**
 (a) For the purpose of purchase of the Product(s) described under Section 8 below to be used for _____
 (b) For repayment of the existing loans / facilities of _____
 (c) Any other: _____ (please fill in)
2. **Interest :** _____% per annum (plus applicable interest tax or other statutory levies) payable on the date(s) specified in Section 4 below in relation to repayment of the Facility.
3. **Repayment:**
 Amount of each Instalment: Rs. _____ No. of Instalments: _____
 Due Date(s): ___ day of each successive month. First Due Date: _____ Maturity Date: _____

OR

Instalment Nos.	Due Date(s)	Instalment Amount
1 st Instalment		Rs.
2 nd to ____ Instalment	____ day of each successive _____ (month/quarter/six months / year)	Rs.
Last Instalment		Rs.

OR

Instalment No.	Due Date	Instalment Amount (Rs.)		Instalment No.	Due Date	Instalment Amount (Rs.)		Instalment No.	Due Date	Instalment Amount (Rs.)	
		Interest	Principal			Interest	Principal			Interest	Principal
1				21				41			
2				22				42			
3				23				43			
4				24				44			
5				25				45			
6				26				46			
7				27				47			
8				28				48			
9				29				49			
10				30				50			
11				31				51			
12				32				52			
13				33				53			
14				34				54			
15				35				55			
16				36				56			
17				37				57			
18				38				58			
19				39				59			
20				40				60			

Note: The Facility and applicable interest shall be payable/repayable by the Applicant(s) to ICICI Bank as per the aforementioned schedule notwithstanding the date(s) of disbursement by ICICI Bank to the person(s) as mentioned above.

4. **Advance Instalments:**
 No. of Instalments: _____ Total amount: _____
- 5(a). **Processing fees/charges:** Rs. _____ (Rupees _____ only)
 To be paid by: (a) cheque/draft / (b) cash, submitted along with application / (c) deducted from the Facility
 (please select)
 If (a) selected: cheque/draft no: _____ dated _____ on _____ Bank,

¹ Separate annexures to be taken for each product

Note: If the above fees/charges are paid by opting option (c), then ICICI Bank shall disburse an amount reduced by the amount of fees/charges; however, the Applicant shall be liable for the entire Facility amount.

5(b) **Other charges:** _____ (insert amount and details of charges)

6. **Details of additional/security post-dated cheques submitted to ICICI Bank:**

S.No.	Cheque No.	Date	Amount

7. **DETAILS OF THE PRODUCT:**

Description: _____ (as per description in the invoice/proforma invoice/quotation)

Engine/Chassis/Model No: _____ Registration/Serial No: _____

Condition: new / used (*please select*) If used, year of manufacture: _____

Product is to be purchased / is already owned by the Applicant (*please select*)

Is the Product charged in favour of any person/bank/entity - YES/NO

If yes, name of chargeholder: _____; Ranking of such charge: FIRST/SECOND

Total Outstanding Amount: _____ (Rupees _____ only)

Address where product is already kept/fixed/located OR is to be kept/fixed/located: _____

8. **DETAILS OF ASSET(S) OFFERED AS SECURITY**

No.	Asset	Description	Location	Owner	Address of the owner (applicable for person other than the Applicant(s))	Whether already charged in favour of any person and ranking of such charge
1.	Product – as specified in Section 8 above					

(*please select and fill in details of the Product(s) and other movables and assets offered as security*)

Execution/Signature/Affixation of thumb print by/of the Applicant and Co-Applicant

Signature of the Applicant: _____

Signature of the Co-applicant: _____²

Name: _____

Name:

In case of partnership/ HUF/ association of persons: For and on behalf of [_____] and each of the following partners/members of the firm/HUF/association:

* _____
_____.

****Name
Signature**

[*Names of all partners/members to be specified.

****Signature by all the Partners/members is required unless a letter of authority is executed by all partners/members in favour of the signatories]**

In case of company/society/ trust:

For and on behalf of [_____]

x _____
Name of the Authorised Signatory:
Designation:

x _____
Name of the Authorised Signatory:
Designation:

Date:
Place

²For individuals/sole proprietors