

Appl. No. : \_\_\_\_\_

**ICICI BANK LIMITED**

Registered Office: Landmark, Race Course Circle, Vadodara 390007.  
Corporate Office: ICICI Bank Towers, Bandra Kurla Complex, Bandra, Mumbai 400 051

**COMMODITY BASED FINANCE - PRELIMINARY CREDIT APPLICATION FORM**

**1. Details of the Applicant  
For Individuals/ Sole proprietary concerns  
Society / Company**

**For Partnership / HUF / Trust /**

|   |  |
|---|--|
| <ul style="list-style-type: none"><li>•Name of the Applicant: _____</li><li>•Nature: Individuals /Sole proprietary concerns</li><li>•If self employed / proprietor, Name of the proprietary concern: _____</li><li>•If employed, Name of employer: _____</li><li>•Date of Birth: _____</li><li>•Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female (please select)</li><li>•Marital status: <input type="checkbox"/> Married / <input type="checkbox"/> Single (please select)</li><li>•Father's/Spouse's name: _____</li><li>•Education: _____</li><li>•Religion: _____</li><li>Whether belonging to: <input type="checkbox"/> Scheduled Tribe<br/><input type="checkbox"/> Scheduled Caste <input type="checkbox"/> Others (please select)</li><li>•Residence Address: _____<br/>_____<br/>Pin: _____ Landmark: _____<br/>Tel: _____ STD code: _____</li><li>•Occupation: <input type="checkbox"/> service / <input type="checkbox"/> self-employed / <input type="checkbox"/> house-wife / <input type="checkbox"/> student / <input type="checkbox"/> agriculturist / <input type="checkbox"/> retired / <input type="checkbox"/> other _____.</li></ul> | <ul style="list-style-type: none"><li>•Name of the Applicant: _____</li><li>•Nature: Partnership / HUF / Trust / Society / company (please select)<br/>If other: _____ (please specify)</li><li>•Names of partners / trustees / authorised directors / adult members or coparceners of the HUF:<br/>Name: _____ Nationality _____<br/>Address _____<br/>Name: _____ Nationality _____<br/>Address _____<br/>Name: _____ Nationality _____<br/>Address _____</li><li>•Branch or Local Office Address: _____<br/>_____<br/>Pin: _____</li><li>Landmark: _____<br/>Tel: _____ Fax: _____.</li><li>•Authorised Signatory/ies details:<br/>➤Name _____ Designation _____<br/>Tel: _____.<br/>➤Name _____ Designation _____<br/>Tel: _____.</li><li>•Nature of business: Manufacturing / Service / Trading<br/>Agriculture / Export (please select) OR if<br/>other: _____ (please specify)</li><li>•Industry Details: _____</li><li>•Annual Turnover: Rs. _____</li></ul> |
|---|--|

2. Permanent/ Principal Office/Regd. Office Address:  
 \_\_\_\_\_  
 Pin: \_\_\_\_\_ Landmark: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax:  
 \_\_\_\_\_.

3. PAN/GIR No. of Applicant: \_\_\_\_\_ OR

Form 60/61 Declaration (to be filled in by those who do not have either PAN or GIR)  
 [ \_\_\_\_\_ ]

4. Address for communication for the Applicant(s):  
 As specified under  Residence /  Office as stated above (please select).  
 Contact person: Name \_\_\_\_\_ Designation \_\_\_\_\_  
 Tel: \_\_\_\_\_ Fax: \_\_\_\_\_.

5. Land under cultivation: (applicable for farmers)

| Address/Location | Area | Crops |
|------------------|------|-------|
|                  |      |       |

6. I/ we am/are dealing in commodities as (please tick whichever is applicable): Retailers  / Dealer  /  
 Small Scale Producers  / Wholesaler  /Wheat Roller Mill owner  /Flour Mill owner  /Any Other   
 (please specify the category): \_\_\_\_\_

**II Details of Facility required**

1. Amount of Facility required: Line of Credit not exceeding Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) at any time.
2. Purpose of the Facility: \_\_\_\_\_ (the "Purpose")

**IIA Assets offered as security for the Facility**

(Please tick Yes or No):

- Yes  
 No

In favour of ICICI Bank Limited or its trustee(s) / agent(s).

P.S.: The assets and/or commodities offered as security will be of the value, nature, quality and quantity as may be acceptable to ICICI Bank Limited and in a form and manner satisfactory to ICICI Bank Limited. The details of the aforesaid assets and/or commodities shall be more particularly specified in the asset letter(s) / disbursement requests to be issued from time to time by the Applicant to ICICI Bank Limited in the format prescribed by ICICI Bank Limited. The Applicant shall maintain such security margin(s) (the "Margin") as may be specified in the relevant asset letter(s)/ disbursement requests. ICICI Bank Limited shall be entitled to, at its sole discretion, vary the Margin(s) and the Applicant shall thereafter be bound to maintain such Margin notwithstanding any Margin earlier agreed to by the Applicant.

- III a) Has any Relative of the Applicant(s) / b) Has any other company/partnership firm/proprietorship firm wherein any Relative of the Applicant(s) holds the office of director/partner/proprietor or which has any/all common director(s)/partner(s)/proprietor as that of the Applicant availed any type of financial assistance from ICICI Bank Limited?  
(Please tick Yes or No)  
 Yes, If yes, please provide details: \_\_\_\_\_  
 No

**IV Photographs & specimen signatures**

**Applicant (individual/ Authorised Signatory):**

|                   |      |
|-------------------|------|
| PASSPORT<br>PHOTO | SIZE |
|                   |      |

|                             |
|-----------------------------|
| <b>Specimen Signatures:</b> |
|                             |

|                   |      |
|-------------------|------|
| PASSPORT<br>PHOTO | SIZE |
|                   |      |

|                             |
|-----------------------------|
| <b>Specimen Signatures:</b> |
|                             |

**V DECLARATIONS**

I/We make the following declarations / acknowledgements:

- 1.All the particulars and information and details provided in this application form are true, correct, and complete in all respects.
- 2.ICICI Bank Limited shall have the absolute discretion, without assigning any reasons, to reject my/our application and shall not be responsible/liable in any manner whatsoever to me/us for such rejection or any delay in notifying me/us of such rejection and any costs, losses, damages or expenses, or other consequences, caused by reason of such rejection, or any delay in notifying me/us of such rejection, of this application.
- 3.ICICI Bank Limited shall have the absolute discretion to reject the recommendation of \_\_\_\_\_ (the warehouse marketing agent) through whom I/we have approached you for the Facility, for providing me/us the Facility.
- 4.I/We shall inform ICICI Bank Limited regarding any changes whatsoever in my/our addresses, as specified hereinabove or my/our employment/profession and to promptly provide such further information that ICICI Bank Limited may require.
- 5.In the event I/we receive offer from ICICI Bank Limited for providing facility pursuant to this application, I/We shall submit the final application form and execute such other writings, instruments, deeds and documents as may be required by ICICI Bank Limited in connection with the aforesaid financial assistance / facility. ICICI Bank Limited and all its group companies and their agents are entitled to exchange, share or part with all the information and details relating to my/our existing financial assistance(s) and/or repayment history to other ICICI Bank group companies, banks, financial institutions, credit bureaus, agencies, statutory

bodies, etc. as may be required or as they may deem fit and I/we shall not hold ICICI Bank Limited (or any of its group companies or its/their agents/representatives) liable for use/sharing of the aforesaid information.

**Name and Signature of the Applicant:** \_\_\_\_\_

Date:

Place:

P.S.: In case of proprietary concerns, the application form will need to be signed by the proprietor; in case of partnership firms, the application form will need to be signed by all partners or such partner(s) as are authorised by other partners; in case of body corporate, the application form will need to be signed by authorised signatory(ies).

**Date and details of the authority letters or resolutions, if any, authorising the borrowing and/or execution of this application form:**

Date of the board meeting at which the resolution is passed (in case of body corporate):

OR

Date of the authority letter (in case of partnership firm)

**RECOMMENDATION OF RURAL MARKETING ASSOCIATE (RMA)/ SERVICE PROVIDER (SP) / ICICI BANK OFFICIAL**

Date: \_\_\_\_\_ <mm/dd/yy>

We hereby certify that \_\_\_\_\_ (the Applicant is/are residing at/have their offices at the address mentioned in the attached application no.\_\_\_\_ dated \_\_\_\_\_, and that the particulars/information given therein are true and correct.

We recommend that a facility of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) be sanctioned to the abovementioned person(s) as per his/their/their request.

RMA/ SP/ ICICI Bank Official

Name: \_\_\_\_\_

Signature \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_