

ICICI BANK LIMITED

Date:

Registered Office: ICICI Bank Tower, Near Chakli Circle, Old Padra Road, Vadodara, Gujarat - 390 007
 Corporate Office: ICICI Bank Towers, Bandra Kurla Complex, Bandra, Mumbai 400 051

FARMER FINANCING FACILITIES - CREDIT FACILITY APPLICATION FORM ("CFAF")

FOR OFFICE USE ONLY

Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update	Sol ID	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Type	<input type="checkbox"/> Normal	<input type="checkbox"/> Simplified (for low risk customers)		<input type="checkbox"/> Small		

Facility Application No.

I ("Applicant") hereby apply for a loan of ₹ (Rupees _____) from ICICI Bank Ltd ("Bank") under Kisan Credit Card (KCC) / Agri Term Loan (ATL)

My personal particulars and that of my Guarantor given below are true and correct.

I hereby authorize that Bank

- May retain this application, photos and other documents submitted with this application.
- May share all information related to this application with any of the Bank's group companies, other banks credit bureaus, statutory authorities without any liability to me/us.
- May reject this application without incurring any liability to me/us.
- Can deduct processing fees / legal fees / valuation fees / interest bouncing charges, if applicable at every annual review every year till the limit is valid.**
- Can deduct insurance premium for crop and/or cattle insurance along with any other charges, if applicable at the time of initial sanction and/or at every annual review till the limit is valid.**

I hereby confirm / declare that

- If granted the loan will be used for the declared purpose and shall not be used for purchase of gold in any form.
- I agree to create security for the loan as stipulated by the Bank and I will ensure that the guarantor complies with all the terms of the guarantee.
- I/we have not been declared to be a defaulter/willful defaulter by any bank in India.
- I agree to inform ICICI Bank in case of any change in my cropping pattern.
- I am not a director/relative of a director of ICICI Bank (or senior officer of ICICI Bank) or any other Bank in India (including director of Scheduled Co-operative Banks, director of Bank's subsidiaries and trustees of mutual funds/venture capital funds set up by the financing banks or other Banks).
- I agree to the annual review of my account as and when the same falls due till the limit is valid. The review may lead to an enhancement of my limit by 10% subject to satisfactory conduct of the account and any other the credit norm of the bank.
- I/We hereby requests ICICI Bank to open a current account for availing the kisan credit card facility.
- I/We would like to receive the account information through +91
- Cheque Book Required: Yes No
- I/We agree to accept the facility on the above terms and conditions as well as the Terms and Conditions governing the Current Account as displayed on www.icicibank.com and agree to abide by the same. I/we confirm that the above terms were explained to me/us in _____ by Mr/Mrs. _____ and I/we have understood the terms and agree to contest the same at any time hereafter

1. DETAILS OF THE APPLICANT

KYC Number	<input type="text"/>				(Mandatory for KYC update request)
Name*	Prefix <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>	
Maiden Name (if any)*	<input type="text"/>				
Spouse Name*	<input type="text"/>				
Father Name*	<input type="text"/>				
Mother Name*	<input type="text"/>				
Date of Birth*	<input type="text"/>		Marital Status*	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other	
	City of Birth* _____		Country of Birth* _____		
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		Religion* <input type="text"/>		
Proof of Identity*	<input type="checkbox"/> Passport <input type="checkbox"/> PAN <input type="checkbox"/> DL <input type="checkbox"/> UID <input type="checkbox"/> NREGA <input type="checkbox"/> Other		No. <input type="text"/>		
Expiry Date (in case of Passport & Driving License)	<input type="text"/>				
Proof of Address*	<input type="checkbox"/> Passport <input type="checkbox"/> PAN <input type="checkbox"/> DL <input type="checkbox"/> UID <input type="checkbox"/> NREGA <input type="checkbox"/> Other		No. <input type="text"/>		
	Simplified Measures Account - Document Type Code <input type="text"/>				
TO WHOM SO EVER IT MAY CONCERN					
Category *	<input type="checkbox"/> General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC		Education Qualification* <input type="checkbox"/> Literate <input type="checkbox"/> Illiterate		
Occupation *	<input type="checkbox"/> Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector)				
	<input type="checkbox"/> Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Agriculturist <input type="checkbox"/> Student)				
	<input type="checkbox"/> Business				
	<input type="checkbox"/> Not Categorized				
Residential Status*	<input type="checkbox"/> Resident Individual		<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National		<input type="checkbox"/> Person of Indian Origin		

PAN/GIR No.* Form 60 (to be filled by those who do not have either a PAN or GIR)

Citizenship* Indian Others (ISO 3166 Country Code)

Present Residence Address : _____ Permanent Address: _____
Residence / Business _____

Village : _____ Taluka / City : _____ Village : _____ Taluka / City : _____

District : District :

State : State :

Pin code : Pin code :

Mob No.: Mob No.:

State Code : _____ Country Code _____ State Code : _____ Country Code _____

Current Address / Permanent Address / Correspondence Address is same: Yes No

I do hereby declare that what is stated is true to the best of my knowledge and belief

_____ Date:

(Applicant Signature)

2. DETAILS OF THE GUARANTOR / CO APPLICANT 1

*(Please attach separate sheets if there are more Co Applicants in the deal)

KYC Number (Mandatory for KYC update request)

	Prefix	First Name	Middle Name	Last Name
Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (if any)*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City of Birth*	_____		Country of Birth*	_____
Gender*	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	Religion* <input type="text"/>
Proof of Identity*	<input type="checkbox"/> Passport	<input type="checkbox"/> PAN	<input type="checkbox"/> DL	<input type="checkbox"/> UID
Expiry Date (in case of Passport & Driving License)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> PAN	<input type="checkbox"/> DL	<input type="checkbox"/> UID
Simplified Measures Account - Document Type Code <input type="text"/>			<input type="checkbox"/> NREGA	<input type="checkbox"/> Other
TO WHOM SO EVER IT MAY CONCERN				
Category *	<input type="checkbox"/> General	<input type="checkbox"/> SC	<input type="checkbox"/> ST	<input type="checkbox"/> OBC
Occupation *	Education Qualification* <input type="checkbox"/> Literate <input type="checkbox"/> Illiterate			
	<input type="checkbox"/> Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector)			
	<input type="checkbox"/> Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Agriculturist <input type="checkbox"/> Student)			
	<input type="checkbox"/> Business			
	<input type="checkbox"/> Not Categorised			
Residential Status*	<input type="checkbox"/> Resident Individual		<input type="checkbox"/> Non Resident Indian	
	<input type="checkbox"/> Foreign National		<input type="checkbox"/> Person of Indian Origin	
PAN/GIR No.*	<input type="text"/> Form 60 (to be filled by those who do not have either a PAN or GIR)			
Citizenship*	<input type="checkbox"/> Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)			
Present Residence Address :	_____		Permanent Address: _____	
	_____		Residence / Business _____	
Village :	_____ Taluka / City : _____		Village : _____ Taluka / City : _____	
District :	<input type="text"/>		District : <input type="text"/>	
State :	<input type="text"/>		State : <input type="text"/>	
Pin code :	<input type="text"/>		Pin code : <input type="text"/>	
Mob No.:	<input type="text"/>		Mob No.:	
	<input type="text"/>		<input type="text"/>	
State Code :	_____ Country Code _____		State Code : _____ Country Code _____	
Current Address / Permanent Address / Correspondence Address is same: Yes <input type="checkbox"/> No <input type="checkbox"/>				
I do hereby declare that what is stated is true to the best of my knowledge and belief				
_____ Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
(Applicant Signature)				

3. DETAILS OF THE GUARANTOR / CO APPLICANT 2

*(Please attach separate sheets if there are more Co Applicants in the deal)

KYC Number (Mandatory for KYC update request)

	Prefix	First Name	Middle Name	Last Name
Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (if any)*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Father Name*

Mother Name*

Date of Birth*

Marital Status* Single Married Other

City of Birth* Country of Birth*

Gender* Male Female Transgender Religion*

Proof of Identity* Passport PAN DL UID NREGA Other No.

Expiry Date (in case of Passport & Driving License)

Proof of Address* Passport PAN DL UID NREGA Other No.

Simplified Measures Account - Document Type Code

TO WHOM SO EVER IT MAY CONCERN

Category * General SC ST OBC **Education Qualification*** Literate Illiterate

Occupation * Service (Private Sector Public Sector Government Sector)
 Others (Professional Self Employed Retired Housewife Agriculturist Student)
 Business
 Not Categorised

Residential Status* Resident Individual Non Resident Indian
 Foreign National Person of Indian Origin

PAN/GIR No.* Form 60 (to be filled by those who do not have either a PAN or GIR)

Citizenship* Indian Others (ISO 3166 Country Code)

Present Residence Address :
Permanent Address:
Residence / Business

Village : **Taluka / City :**
District :

State :


Pin code :

Mob No.: + 9 1

State Code : Country Code State Code : Country Code

Current Address / Permanent Address / Correspondence Address is same: Yes No

I do hereby declare that what is stated is true to the best of my knowledge and belief

 _____ Date:

(Applicant Signature)

4. LAND/ASSET DETAILS

Applicant / Co-Applicant Name	Village	Survey Number	Land Area (Acres)		Area under crop cultivation	Name of crop	Source of irrigation
			Owned	Leased			

5. DETAILS OF THE FACILITY AND OTHER CHARGES

ATL Facility Amount ₹ _____ ("Facility") KCC Facility Amount ₹ _____ ("Facility")	Nature of the Facility (tick whichever is applicable) KCC <input type="checkbox"/> ATL <input type="checkbox"/>	Tenure KCC <u> </u> Years ATL <u> </u> Years	Charges		
				ATL	KCC
			Interest Rate*	I-MCLR-1Y + % %	I-MCLR-1Y + % %
			Non refundable Annual Processing Fee		
			Default charges		
Other charges					

* Subject to Terms & Conditions

Tear-away acknowledgement (to be given to / retained by the Applicant/s)
FARMER FINANCING FACILITIES – CFA/APPLICATION

Facility Application No. : _____
Dear Sir(s)/Madam:
This is to acknowledge receipt of your CFA/Application dated _____ along with its _____ (no.) Annexures (as attached) Security Mandate and thank you for the same. If considered, our representative/s shall be in touch with you in connection with the same. [The application will be disposed off within a period of _____ days from the time all the necessary documents have been submitted by the Applicant.] (applicable only for loan upto Rs 2 lacs – if not applicable).

6. PURPOSE

Purpose in application form:

- (a) Meeting cost of cultivation
- (b) Dairy
- (c) Irrigation Equipment
- (d) Horticulture Infrastructure
- (e) Others (Please Specify) _____

7. SECURITY / CONTRACTUAL COMFORT: (tick whichever applicable)

- a. Hypothecation of crops / assets purchased out of the Facility
- b. Security Mandate from Borrower
- c. Collateral

8. DISBURSEMENT DETAILS: (tick whichever applicable)

Disbursement to be done in favour of Mr./Ms. _____ by way of

Demand Draft Cheque EFT

Electronic Fund Transfer Details (if applicable)

BORROWER NAME AS PER BANK ACCOUNT:

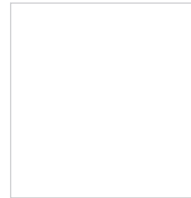
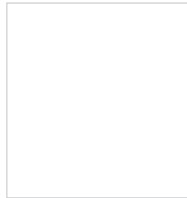
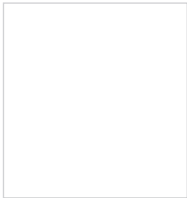
ACCOUNT NUMBER:

BANK NAME:

BRANCH NAME:

IFSC/RTGS CODE OF THE BANK:

9. PHOTOGRAPHS & SPECIMEN SIGNATURES



I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we under take to inform you of any es therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.

I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Signature of the Applicant

Signature of the Applicant

Signature of the Applicant

Name of Applicant

Name of Applicant

Name of Applicant

Date:

Place: _____

10. CHECKLIST OF DOCUMENTS

- 2 Latest Photographs
- KYC Documents
- Land Documents
- Quotation/Invoice
- Deed of hypothecation
- Security post dated cheques
- Any other documents _____

DECLARATION

I, _____, do hereby record that I have filled this Application on instruction fro the Applicant and he/she has confirmed to me that he/she has understood the contest of the Application. I confirm that whatever I have stated herein above is true and correct to the best of my knowledge ane belief.

Employee Name _____
 Employee Code _____
 Designation _____

Signed by Mr./ Ms. _____
 Branch / Location: _____

Tear-away acknowledgement (to be given to / retained by the Applicant/s)

For ICICI Bank Limited :

ICICI Bank Official / Agent Signature _____
 Name: _____ Phone No: _____
 Branch / Agent Office Address: _____
 Date: _____
 Branch / Agent Stamp: _____