

APPLICANT ID: _____

Date: 31/03/2017

Sr. No. _____

**ICICI BANK LIMITED -EDUCATION LOAN
PRELIMINARY CREDIT FACILITY APPLICATION FORM**

IA Personal Details of the Applicant(s) (for students)

1. Name: AMET AKASH TRIVEDI
2. Date of Birth: 03/10/1994
3. Gender: Male / Female/ Third Gender (please select) MALE
4. Mother's Maiden Name : ANITA AKASH TRIVEDI
5. Marital status: Married / Single (please select) SINGLE
6. Category: ISC/ST / Minorities Sikhs Muslims Christians Zoroastrians Buddhists Others (GENERAL)
7. Father's/Husband's Name : AKASH ANANT TRIVEDI
8. Status: Resident / NRI (please select) RESIDENT
9. Education : B.Com
10. Current Residence
Address: 104/2, SYMPHONY HEIGHTS, EVERSHINE NAGAR, MALAD (WEST)
Pin: 400043 Landmark: NEAR D'MART
Tel: 28944302 STD Code: 022 MOBILE NO: 9988773302
11. Permanent Residence
Address: SAME AS ABOVE
Pin: _____ Landmark: _____
Tel: _____ STD Code: _____

IB Course Details:

1. Name of Institution/University: ICCC MANIPAL ACADEMY OF BANKING & INSURANCE
2. Duration of Course: 12 MONTHS
3. Date of commencement of course: 15/05/2017
4. Course Approved by: UGC, Govt, AICTE, AIBMS, ICMR, Dept of Electronics, Other: OTHERS
5. Degree/Diploma/ Certificate awarded after course completion : DIPLOMA
6. Type of Course: Medical, Engineering, Management, Nursing & Other Professional, Others
7. Level Of Course: Graduate, Post Graduate, Professional : POST GRADUATE
8. 1. Course Cost details

Cost details	1 st Year TRIMESTER	2 nd Year TRIMESTER	3 rd Year TRIMESTER	4 th Year	5 th Year	Total
Tuition Fees						
Examination Fees						
Cost of Study Materials						
Traveling Expenses						
Others if any						
Total 1	140700/-	123900/-	123900/-			

2. Funds Available with Self (not applicable) NA

Cost details	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year	Total
Own Sources						
Scholarships						
Others						
Total 2						

Net Loan Requirement (Total1 - Total 2) 3,88,500/-

IC Personal Details of the Co-Applicant(s)

1. Name : AKASH ANANT TRIVEDI
2. Date of Birth : 02/05/1960
3. Gender: Male / Female (please select) MALE
4. Mother's Maiden Name : ANANDI ANANT TRIVEDI
5. Marital status: Married / Single (please select) MARRIED
6. Father's/Husband's Name : ANANT ANUP TRIVEDI
7. Status: Resident / NRI (please select)
8. Education : B.E. CIVIL MALAD(WEST)
9. Residence Address : 104/2, SYMPHONY HEIGHTS, EVERSHINE NAGAR Pin: 400043
Landmark : NEAR D'MART
Tel: 28944302 STD Code : 022 MOBILE NO: 8877440302
10. Residence is: self-owned / rented / company provided (please select) SELF OWNED
Residence Type: Bungalow (B), Row Houses (R), Flat (F), Others (O) FLAT
No. of years at above residence: 20 If rented Monthly rent. NA
11. No. of Dependents 3
12. Occupation: service / self-employed / house-wife / student / agriculturist / retired / other
SERVICE
13. Gross Annual / Monthly Income: Rs. 1,00,000/-
14. If salaried, present Employer Name: J.P. KUMAR CONSTRUCTION
You work with: Public Sector(PSU), Central Government(CTG), State Government(STG), Multinational(MNC), Public Ltd Co.(PUB); Pvt Ltd Co.(PVT), Partnership(PAR), Proprietorship(PRO), Others(OTH)
Designation: Senior Management(S), Middle Management (M), Junior Management (J), Clerical / Administration (C), Others (O)
Designation and department: SENIOR MANAGER No. of years at current job: 25
Office Address: J.P. KUMAR CONSTRUCTION, ANDHERI KURRA ROAD, ANDHERI
Pin: 400038 Landmark: NEAR METRO STATION
Tel: 24382104 STD Code: 022
Name of Previous organization NA No. of years at previous job: NA Total Years of work experience;
15. If self-employed, your firm is Private Limited (PVT), Proprietorship (PRO), Partnership (PAR), Others(OTH)
Name of the Partnership/Pvt Ltd/ Proprietorship concern: _____
Nature of business: _____ Industry Type: _____ No. of Years in current business: _____
Type of Company: _____ No. of Years in previous business: _____
Your profession is: _____
16. Office Address : _____
Pin: _____ Landmark: _____
Tel: _____ Fax: _____ STD Code : _____ Mobile: _____
Office Email id _____
Office Extn. No _____
17. Preferred Mailing Address: Residence (R) Office (O) 1. Subscription for Statement By Email/Mobile Alerts
2. Statement By: Post/E-mail:
18. Permanent Address : 104/2, SYMPHONY HEIGHTS, EVERSHINE NAGAR, MALAD(WEST)
Pin: 400043 Landmark : NEAR D'MART
Tel : 28944302 Fax : _____ STD Code : _____ Mobile: _____

ID Details of Spouse

Name: ANITA Occupation: service / self-employed / house-wife / student / agriculturist / retired / other _____ Salaried/ Self-Employed/Others (please select) _____ Monthly Income _____

II PAN/GIR No. of First Applicant: BXETA3468H (METHOM APPLICANT'S PAN NO.)

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

III DETAILS OF THE FACILITY REQUIRED

1 Facility Amount & Nature: Rs. 3,88,500/- in the nature of rupee loan

IV Personal Details of the Guarantor NOT APPLICABLE

1. Name: _____
2. Date of Birth: _____
3. Gender: Male/Female (please select)
4. Mother's Maiden Name: _____
5. Marital status: Married/Single (please select)
6. Father's/Husband's Name: _____
7. Status: Resident / NRI (please select)
8. Education: _____
9. Residence Address: _____ Pin: _____
Landmark: _____
Tel: _____ STD code: _____ Mobile: _____
10. Residence is: self-owned / rented / company provided (please select)
Residence Type: Bungalow (B), Row Houses (R), Flat (F), Others (O)
No. of years at above residence: ____ If rented, monthly rent: _____
11. No. of Dependents: ____
12. Occupation: service / self-employed / house-wife / student / agriculturist / retired / other

13. Gross Annual / Monthly Income: Rs. _____
14. If salaried, present Employer Name: _____
You work with: Public Sector(PSU), Central Government(CTG), State Government(STG), Multinational(MNC),
Public Ltd Co.(PUB), Pvt Ltd Co.(PVT), Partnership(PAR), Proprietorship(PRO), Others(OTH)
Designation: Senior Management(S), Middle Management(M), Junior Management(J), Clerical / Administration
(C), Others(O)
Designation and department: _____ No. of years at current job: ____
Office
Address: _____
City: _____ Pin: _____ Landmark: _____
(please select Tel: _____ Fax: _____ STD code: _____ Mobile: _____
Name of Previous organisation: _____ No. of years at previous job: ____ Total Years of work
experience: ____ Your Profession is: _____
15. If self employed, your firm is Private Limited (PVT), Proprietorship (PRO), Partnership (PAR), Others(OTH)
Name of the Partnership/Pvt Ltd/ Proprietorship concern: _____
Nature of business: _____ Industry Type: _____ No. of Years in current business: ____
Type of
Company: _____ No. of Years in previous business: ____
No. of Years in previous business: ____ Total No. of Years in business: ____
Your profession is: _____
16. Office address: _____ PIN _____
Tel: _____ Fax: _____ STD code: _____ Mobile: _____
Office Email id: _____
Office Extn. _____
No.: _____
17. Preferred Mailing Address: Residence (R) Office (O)
Subscription for Statement By Email/Mobile Alerts
Statement By: Post/E-mail
18. Permanent address: _____

PIN _____ Landmark: _____
Tel: _____
Fax: _____ STD code: _____

V BANK DETAILS

(APPLICANT) 1. Name of Bank: SBI 2. Branch: MALAD
3. A/c No: SB000383204 4. Account Type: SAVINGS 5. No. of Years: 20

(CO-APPLICANT) 1. Name of Bank: SBI 2. Branch: MALAD
3. A/c No: SB00042450 4. Account Type: SAVINGS 5. No. of Years: 30

VI CREDITCARD DETAILS

(APP) 1. Bank: HDFC Card No: 3738450238 Year of issue: 2012 Year of expiry: 2017
(CO-APP) 2. Bank: FICCI Card No: 2848023845 Year of issue: 2016 Year of expiry: 2021

VII EXISTING RELATIONSHIPS WITH ICICI GROUP NA
[Loans/credit card/bank account]

VIII DETAILS OF OTHER LOANS

1. Bank: _____ Loan Amount: _____ Tenure: _____ Loan Type: _____ Monthly Instalment: _____ 2. Bank: _____
Loan Amount: _____ Tenure: _____ Loan Type: _____ Monthly Instalment: _____

IX References of Applicants

1. Name MELVIN Address: NEAR ST. LUIS CHURCH, MALAD (WEST)
City MUMBAI Pincode: 400042 State MAHARASHTRA
Occupation: STUDENT Relationship with Applicant FRIEND
Known to Applicant From 12 year 6 Months Land line No: _____ Mobile No: 7777717700

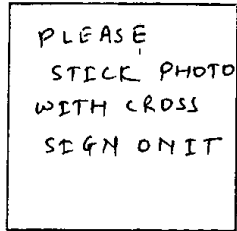
2. Name SHIKHA Address: ORCHID HEIGHTS, PALM BEACH, MALAD (WEST)
City MUMBAI Pincode: 400042 State MAHARASHTRA
Occupation: STUDENT Relationship with Applicant FRIEND
Known to Applicant From 10 year 2 Months Land line No: 022-28944302
Mobile No: 88888888

M. References of Co Applicant

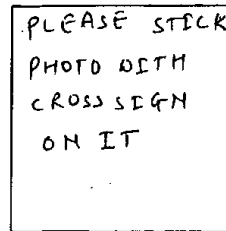
1. Name PRAVIN M. Address: 103/3, OM BUILDING, CHAKALA, ANDHERI
City MUMBAI Pincode: 400038 State MAHARASHTRA
Occupation: SERVICE Relationship with Applicant COLLEAGUE
Known to Applicant From 3 year 2 Months Land line No: 022-29422302
Mobile No: 9898989898

2. Name PRAKASH C Address: 204/2, LODHA SPLENDORA, GHODBUNDER ROAD
City THANE Pincode: 420048 State MAHARASHTRA
Occupation: SERVICE Relationship with Applicant FRIEND
Known to Applicant From 20 year 6 Months Land line No: 022-28433203
Mobile No: 23232323

X PHOTOGRAPHS & SPECIMEN SIGNATURES



Photograph with cross sign of applicant



Photograph with cross sign of Co-applicant

XI DECLARATIONS

I/We declare, represent, warrant and confirm that:

- A) All the particulars and information and details given/filled in this application form are true, correct, complete and up-to-date in all respects and that I/we have not withheld any information whatsoever.
- B) No insolvency proceedings or suits for recovery of outstanding dues or monies whatsoever and/or any criminal proceedings have been initiated and/or are pending against me/us and that I/we have never been adjudicated insolvent by any court or other authority.
- C) No action nor other steps have been taken or legal proceedings started by or against me/us in any court of law / other authorities for winding up, dissolution, administration or re-organisation or for the appointment of a receiver, administrator, administrative receiver, trustee or similar officer or for my/our assets.
- D) I/ We have not made any payment in cash, bearer cheque or kind alongwith or in connection with this application to the executive collecting my/our application. I/ We shall not hold ICICI Bank Limited liable for any such payment made by us to the executive collecting this application.
- E) This application form and all other documents submitted by me/us to ICICI Bank Limited shall not be returned to me/us and ICICI Bank Limited shall have the right to retain the same.
- F) ICICI Bank Limited and all its group companies and their agents shall be entitled and are authorised to exchange, share or part with all the information and details relating to my/our details of facilities / services / loan 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 shall not hold ICICI Bank Limited (or any of its group companies or its/their agents/representatives) liable for use/sharing of this information.
- G) ICICI Bank shall be entitled, at its sole discretion, to reject / approve my/our application for the Facility and ICICI Bank shall not be responsible/liable for any costs, losses, damages or expenses, or otherwise, in any manner whatsoever to me/us for rejection of this application and/or any delay in notifying me/us of such rejection.
- H) (Please tick Yes or No, as acceptable to the Applicant/s) -- Y OR N:
I/We have no objection to ICICI Bank Limited, its group companies, agents / representatives to provide me/us information on various products, offers and services provided by ICICI Bank Limited / its group companies through any mode (including without limitation through telephone calls / SMSs / emails) and authorise ICICI Bank Limited, its group companies, agents / representatives for the above purpose.

Signature of the Applicant: A. Trivedi

Name: AMIT TRIVEDI

Signature of the Co-applicant: Aakash T.

Name: AKASH TRIVEDI

Signature of the Guarantor: NA

Name: NA

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**Tear-away acknowledgement (to be given
to/retained by the Applicant) Sr. No. _____ of the Preliminary Application
Form**

Dear Sir/Madam,

This is to acknowledge receipt of Preliminary Credit Facility Application Form from _____ 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 -- Applicable only for loan upto Rs 2 lacs - delete if not applicable]

Date :

Signature _____

Name: _____

Branch Stamp: _____