

## **MSME APPLICATION FORM FOR CO-APPLICANTS**

MSME Application form	n for	Co-A	Appl	ica	nts																											
Title		Indiv	vidua	al Ap	plica	nt	C	Арр	Applicant-I			Partner			Proprietor			D	ire	ctor-I		Oth	er-I									
Name* (Same as ID Proof)																																
Maiden Name (If any)			Т					Τ										Τ														
Spouse Name*																		İ	İ					Co- Pr	oprie	tor	nt/Pa /Dired raph	tner ctor				
Father's Name*																										LOG	гарп					
Mother's Name*																								Ple	ease he P	sig hot	n acr	oss h				
Mother's Maiden Name																		İ				the Photograph										
Gender*		Mal	e [		Fem	ale		Th	ird G	end	ler																					
Residential Status/ Constitution		Res	iden	ıt In	divid	ual			n Re dian	eside	ent		Foreigi Overse			tiona	al [	_ c	itiz	en of	[		Person of Indian Origin									
Are you an existing customer. If yes, provide Customer ID																																
PAN Card/Form 60*																																
Director Identification Number (DIN)						Ì												Ī														
Occupation*		Sala	ried	d [		Self	Empl	oyed			Un	emp	loye	ed		Ret	ired			House	Wife	, [	Politician Student									
		Othe	ers/l	Not	Cate	gori	sed																									
If Salaried, Type of		Pvt.	. Ltd. Public Ltd. Proprietorship Partnership Firm Publ										blic S	Sect	tor	(	Gov	ernm	ent													
Organization (tick the relevant option)*	Multinational Trust/Association/Society/Club																															
Nature Of Employment*						(Δς	ner the	tyne (	of orna	nizati	on se	lected	ahov	e me	ntion 1	the de	tails of r	rnfes	sion	example	-· Direc	tor/Ra	nker	/Δαent)								
If Self Employed,		Mar	nufa	ctuı	rer	—	Trade		, orga	1		e Pro			161011		tano or p	10100	,01011	олатр	J.D.II 00	1017 50		rigorit)								
Nature of Business (tick the relevant option)*		Agriculture Others																														
Description of Business*					(As pe	r the	Nature	of Busi	ness s	selecte	ed ab	ove. m	nentio	n the	detai	ls of B	usiness	exam	nple:	Tour Op	erators	s/Trad	ina ot	f food r	roduct	s)						
No. of Years in Business*			Yea				_	lonth				,												,		-,						
Annual Income (Gross-In lakh)*																																
Source of Fund (tick the relevant option)*		Sala	aried	d [		Inve	stme	nt		Pro	ofes	siona	al Fe	ees			Busin	ess	Ea	rnings	;		Co	mmis	sion							
		Agri	cult	ure																												
Nationality (tick the relevant option)*		India	an	[		Othe	er _															(Kin	dly m	ention	nation	ality	, if apa	t from	Indian)			
Community*		Hino	du			Mus	lim		Ch	ristia	an		Sik	h		Buo	dhist			Zoroas	striar	ı [		Pars	si		Jain					
		Othe	ers																													
Date of Birth*	d	d	m	m	У	У	у у																									
Email Address*																																
Mobile No.*	1.													2.																		
Category		sc			ST		0	ВС		Ge	nera	al		Oth	ner _																	
Education		Mat	ricu	late			Unde	grad	luate	!		Gra	idua	ite		Pos	tgrad	uate	,	Pr	ofess	siona	al									
Marital Status		Unn	narri	ied			Marri	ed			Oth	er _																				
Number of Dependents																																
Person with Disability		Yes	3		No																											

Proof of Identity and Po	erma	nen	t Re	eside	ence	e Ado	dres	ss*																								
PAN No.																																
Aadhaar No.																																
Election ID																																
Any Other KYC (Specify)																																
ID No.																																
Issued Place																																
Issued Date																																
Residence Address*																																
City/Town/Village*																																
District																																
PIN/Post Code							S	tate	/UT																							
Country																																
Nearest Landmark*																																
Type of Residence	Self Owned						Pa	rent	ental Owned				Re	Rental			Residence Cum Office							Mortgaged				Ye	S		No	
Type of fiesidefied																												J		$\overline{}$		
If Self Owned Ownership			ivid	ual			Jo	int																				J				
If Self Owned				ual ars			Jo	_	onth	ıs																		I				
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If Self Owned Ownership No. of Years in the Residence Address  Current Address  Current Residence Address*  City/Town/Village* District PIN/Post Code Country Nearest Landmark*		Ind	Ye	ars		Add	Ires	S m	entid		labo	Dve																				