

AIPL Registration Form

Please complete in **BLOCK LETTERS** and “✓” or “X” where applicable

| Customer Information | | | |
|---|---------------|--|----------------------------|
| Name in English (Insert FULL legal name exactly as appears in the Constitutional Documents) | | LEGAL STATUS <input type="checkbox"/> Sole Proprietor / Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Other, please specify below | |
| Country of Incorporation.....Date of Incorporation (dd/mm/yyyy) Company/Business Registration No.....Goods Services Tax Identification No. (GSTIN) PAN Card Number..... | | | |
| Registered Address Address..... Corporate Address..... Telephone Fax Email Address (mandatory) Website | | Years of Operation: | Number of Employees |
| | | Business Premise is: <input type="checkbox"/> Self Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged | |
| Contact Person | | Business Activities / Industry | |
| Name | Position | <input type="checkbox"/> Manufacturing <input type="checkbox"/> Garments <input type="checkbox"/> Chemicals <input type="checkbox"/> Electrical Equipment <input type="checkbox"/> Auto & Auto parts <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Horticulture <input type="checkbox"/> Floriculture <input type="checkbox"/> Professional Services <input type="checkbox"/> Transportation/Haulage <input type="checkbox"/> Retails Trades <input type="checkbox"/> Other Brief | |
| Mobile Number | Office Number | Description of Business | |
| Email Address | | | |
| Customer Base <input type="checkbox"/> Businesses [.....%] <input type="checkbox"/> Individuals [.....%] | | | |
| Major Products / Services | | Major Raw Materials (for manufacturers only) | |
| Name | % of Sales | Name | % of Purchases |
| | | | |
| | | | |
| | | | |

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| Facilities Requested | | | | | |
|---|--------------|--------|---|--------------|---------|
| Facility Type | Amount/Value | Tenure | Product | Amount/Value | Tenurer |
| <input type="checkbox"/> Overdraft | | | <input type="checkbox"/> Term Loan | | |
| <input type="checkbox"/> Trade <i>(Bank Guarantees/ Letter of Credits Import Loans, Invoice Financing)</i> | | | <input type="checkbox"/> Short Term Loan | | |
| Facility Purpose <input type="checkbox"/> Working Capital <input type="checkbox"/> Capital Expenditure (CAPEX) <input type="checkbox"/> Mortgage <input type="checkbox"/> Business Expansion: Please specify _____ <input type="checkbox"/> Other, Please specify _____ | | | | | |

| Security Please attach photocopy of Land Title Certificate where property is offered as security | | | | | | |
|--|--------------|--------------|--|--|--------------|--|
| Type | Fixed Assets | Amount/Value | Ownership | Type | Amount/Value | Ownership |
| <input type="checkbox"/> Cash (Local currency) | | | <input type="checkbox"/> Self <input type="checkbox"/> 3rd Party | <input type="checkbox"/> Residential Property | | <input type="checkbox"/> Self <input type="checkbox"/> 3rd Party |
| <input type="checkbox"/> Cash (Forex) | | | <input type="checkbox"/> Self <input type="checkbox"/> 3rd Party | <input type="checkbox"/> Commercial Property | | <input type="checkbox"/> Self <input type="checkbox"/> 3rd Party |
| <input type="checkbox"/> T Bills/ Government Bonds | | | <input type="checkbox"/> Self <input type="checkbox"/> 3rd Party | <input type="checkbox"/> Securities (Listed) <input type="checkbox"/> Security (unlisted) | | <input type="checkbox"/> Self <input type="checkbox"/> 3rd Party |

Total value of security offered:

| Shareholding Structure | | | |
|---|-------------|-----------------------------|---------------|
| Name of Shareholder (Individual or company) | Nationality | Date of Birth/Incorporation | %Shareholding |
| | | | |
| | | | |
| | | | |

| Customer's Financial Commitments (Including hire-purchase and vendor financing) | | | | | | |
|---|---------------|--------|--------------------|--------------------|---------------------|-------------------|
| Financial Institution | Facility Type | Amount | Monthly Instalment | Outstanding Amount | Interest Rate(p.a.) | Commencement Date |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Major Buyer & Suppliers | | | | | |
|-------------------------|--------------------|-------------------|------------|-------------|--|
| Buyers | Location / Country | Years of Relation | % of Sales | Trade Terms | |
| | | | | | |
| | | | | | |
| Suppliers | Location / Country | Years of Relation | % of Sales | Trade Terms | |
| | | | | | |
| | | | | | |

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| Details of Key Proprietor(s)/ Partner(s)/Director(s) ("Principal(s)") and Guarantor(s) | | | | | |
|--|---------------|--|--------------------|--|-------------------|
| Full Name | | ID / Passport Number | | | |
| | | Pan Card Number | | | |
| Nationality <input type="checkbox"/> Citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Other, pls specify | | Date of Birth | | Contact Numbers | |
| | | | | Mobile: | |
| | | | | Home: | |
| Residential Address <input type="checkbox"/> Self Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Rented | | Years in business: | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> other | |
| | | | | | |
| Personal Financial Commitments | | | | | |
| Financial Institutions | Facility Type | Monthly Instalment | Outstanding Amount | Tenure (months) | Commencement Date |
| | | | | | |
| | | | | | |
| | | | | | |
| Details of Kyc Proprietor(s)/ Partner(s)/Director(s) ("Principal(s)") and Guarantor(s) | | | | | |
| Full Name | | ID / Passport Number | | | |
| | | Financial Card Services Number: | | | |
| Nationality <input type="checkbox"/> Citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Other, pls specify | | Date of Birth | | Contact Numbers | |
| | | | | Mobile: | |
| | | | | Home: | |
| Residential Address <input type="checkbox"/> Self Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Rented | | Years in business: | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> other | |
| | | | | | |
| Personal Financial Commitments | | | | | |
| Financial Institutions | Facility Type | Monthly Instalment | Outstanding Amount | Tenure (months) | Commencement Date |
| | | | | | |
| | | | | | |
| | | | | | |
| Details of Key Proprietor(s)/ Partner(s)/Director(s) ("Principal(s)") and Guarantor(s) | | | | | |
| Full Name | | ID / Passport Number | | | |
| | | Pan Card Number | | | |
| Nationality <input type="checkbox"/> Citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Other, pls specify | | Date of Birth | | Contact Numbers | |
| | | | | Mobile: | |
| | | | | Home: | |

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Declaration

1. I/We declare that all the particulars and information given in the application form are true, correct, and complete and I/We understand and accept that they shall form the basis of any loan / overdraft / facility AIPL may decide to grant me/us.
2. I/We confirm that there are no insolvency or bankruptcy proceedings against me/us, nor have I/we ever been adjudicated insolvent or bankrupt.
3. I/We acknowledge that AIPL may approve in its sole discretion a lower quantum of the facility than requested for in this application. I/We further agree that AIPL in its sole discretion may decline my application without providing any reason and that shall retain all supporting documents submitted by me/us and I /we reserve no right to appeal against this decision of AIPL. This is to confirm that there are no litigation's that I/We /Partners/Directors are facing which have been initiated by another financier including banks. The customer(s) further confirm that they do not have any other credit facility with any other bank apart from the information provided here in under " Other Credit Facilities"
4. I/We undertake to inform AIPL regarding any change in my/our occupation/business employment/constitution and to provide any further information such as audited financials, proof of income, details of assets that AIPL may require from time to time.
5. I/We further agree that my/our credit facility (including the repayment for the credit facilities) shall be governed by the terms and conditions of AIPL that are in force and may be amended by AIPL from time to time. I/We declare that the interest or other charges as appropriate will be levied as appropriate.
6. I/We further authorize AIPL to debit all sums levied by the Bank or outstanding in my/our name jointly or severally to their payment account of the credit facilities necessary.
7. I/We acknowledge and agree that AIPL may refer my/our name to credit or referencing agency/ies and/or make such references and enquiries as AIPL may consider necessary. I/We authorize AIPL to conduct credit checks on me/us (including but not limited to checks with any credit references agency) and obtain and verify and /or disclose or release any information relating to me / us, any of my/our credit facilities with AIPL from or to any part or source as AIPL may from time to time deem fit at AIPL's own discretion and without any liability or notice to me/us.
8. Without prejudice to AIPL's rights to disclose information relating to its customers under any law or regulation or otherwise. I / We consent and /or authorize AIPL to disclose in its absolute discretion as the Avtar deems fit any information and particulars relating to me/us, the principal(s), the Directors(s), the Guarantors(s), the security providers(s) and/or my account and dealing relationships with AIPL, including but not limited to this application, the details of the facilities, transactions undertaken and balances and positions with AIPL to AIPL head office branches, representative offices, subsidiaries, related corporations or affiliates worldwide, any credit bureau approved by the relevant authority or of which AIPL is or may become a member or subscriber, AIPL's agents insurers contractors, third party service providers, professional advisers, any regulatory, supervisory or other government authority or body, court of law or tribunal, any actual or potential assignees(s) or transferee(s) of any rights and obligations of AIPL and any other persons for the purpose as the Bank deems fit in AIPL's discretion and I/We hereby acknowledge that each of the above mentioned entities or persons may at all times disclose my/our information to AIPL and to each other.
9. In as far as the personal information furnished to AIPL in connection with this application to me/us or to the Borrower Principle Partner, Director, Guarantor of their Shareholder(s), agents(s), employee(s), Director(s), officer(s), authorized person(s) or any other individual(s). I/We warrant that I/We consent to AIPL's collection holding, storing, use, processing, transfer, disclosure and reporting (directly/indirectly) to any third party or any such personal information provided to AIPL in accordance with this form and/or in the event that the personal information supplied belongs to another individual that I/We have obtained their consent to the aforesaid. I/We agree that any risks (e.g. non-receipt or disclosure to any unauthorized third party) arising from the sending of the personal information will be fully borne by me/us and that AIPL will not held responsible in any way of any losses that may be suffered by me/us as a result of the non-receipt or disclosure of the same to any unauthorized third party.

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Declaration

10. I/We further agree to be bound by any additional terms and conditions governing any facilities, products and/or services offered by the Avtar as we may apply for and/or utilize from time to time.

For Sole Proprietor

11. I the undersigned, declare that I am the solo proprietor and, until written notice from me to the contrary , please regards me as the solo proprietor and honor only my signature as binding for the firm.

For Partnership

12. We the undersigned, carrying on the business in partnership, request you , until written notice from us to the contrary

- To regard us as partners, and
- To honor our respective signatures on behalf of the partnership shown below as authorized signatories for the partnership.

13. We shall advise you any changes in the constitution or authorised signatory. We hereby irrevocably declare that all the partners shall be liable to you jointly or severally on any obligations which may be standing in the name in your books on the date of receipt of such notice, and until all such have been liquidated.

| Name of Authorized Signatory | Signature | Date |
|------------------------------|-----------|------|
| | | |
| | | |

* Affix company stamp if applicable

For Avtar official use only

Sales Person's Name :

People wise ID:

Signature

Date:

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| Request Document Checklist | Comments, if any | |
|--|------------------------------|-----------------------------|
| Copy of valid identity card (Pan OR Aadhaar) / passport , If any | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Certificate of Incorporation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> MOA and AOA for limited liability companies | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Partnership deed for partnership | | |
| <input type="checkbox"/> Bank statement for 6 months (to be provided for new relationship only). If business is seasonal 12 months statements will be required | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| OR | | |
| <input type="checkbox"/> Audited financials for the last 3 years + 12 months bank statements (to be provided for new relationships only) | | |
| Copy of documents to confirm the business has been in operation for at least three years | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> List of Directors and Shareholders | | |
| <input type="checkbox"/> Business utility bills | | |
| <input type="checkbox"/> Trading license dating back 3 years | | |
| <input type="checkbox"/> Evidence of business transactions dating back 3 years | | |
| <input type="checkbox"/> Other (specify) _____ | | |
| Board resolution to borrow for limited liability companies | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Personal guarantees (joint and several) of owners & directors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Term life insurance for sole proprietors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Copy of title deed and parent deed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For Rough use