



**Union Bank**  
of India

**UNION PERSONAL APPLICATION FORM**

AFFIX RECENT  
PHOTOGRAPH OF  
APPLICANT  
WITH  
SIGNATURE

1. Please write or type in Block Letters.
2. Put a tick mark against appropriate item.
3. Ensure that all information is correctly filled in. If any detail is not applicable, please write "N.A".
4. Enclose all required supporting documents.

Purpose of Loan:

Loan Amt.:

**PERSONAL AND EMPLOYMENT DETAILS**

| NAME                        | APPLICANT  |                   |   |
|-----------------------------|--|-------------------|---|
|                             | Surname  | First Name        | Middle Name   |
| Current Residential Address |  |                   |   |
|                             |  |                   |   |
|                             |  |                   |   |
|                             | Phone No.  | E-mail (if any) - |   |
| Date of Birth (DDMMYY)      | Age  | Yrs               | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Marital Status              | <input type="checkbox"/> Single <input type="checkbox"/> Married         |                   |   |
| Number of Dependants        | Children - Others -  |                   |   |
| Status                      | <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident  |                   |   |
| Qualification               | Matric / Under-Graduate / Post-Graduate / Ph.D                           |                   |   |
| If Professional             | Doctor / Engineer / Lawyer / C.A. / MBA / Any other (Please specify)     |                   |   |
| Occupation                  | <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed |                   |   |

**EMPLOYMENT RECORD – FOR SALARIED / SELF EMPLOYED**

|   |                        |                         |                                     |
|---|------------------------|-------------------------|-------------------------------------|
| Name of the Employer  |                        |                         |                                     |
| Company / Firm Address<br>(Please mention the address of the office you are based at) |                        |                         |                                     |
| Designation   | Department / Section : |                         |                                     |
| No. of year in Current Employment business  | Years :                | Employee No.            | Income Tax Permanent a/c no.(PAN) : |
| Office phone No.  | Ext. (if any) :        |                         | Fax:                                |
| Monthly Income  | Rs                     | Date of Salary Receipt: |                                     |
| Other Income  | Rs                     |                         |                                     |
| No. of yrs in present occ.  | Yrs                    | Retirement Age          | Yrs                                 |

**FINANCIAL INFORMATION**

| Savings, Investments Etc.                      |                |                   | Loans Taken / Proposed   |                    |                            |               |
|--|----------------|-------------------|--|--------------------|----------------------------|---------------|
| Particulars                                    | Applicant (Rs) | Co-applicant (Rs) | Source Of Loan   | Outstanding Amount | Monthly Instalment Payable | Term (months) |
| Savings in Bank                                | _____          | _____             | Please indicate below all loans taken / proposed from employer, Provident Fund etc., and instalment(s) payable per month including interest against each loan. |                    |                            |               |
| Immovable property (specify)                   | _____          | _____             |  | (Rs)               | (Rs)                       | (months)      |
| Current balance in Provident Fund (your share) | _____          | _____             |  |                    |                            |               |
| Other Assets (specify)                         | _____          | _____             |  |                    |                            |               |
| 1.   | _____          | _____             |  |                    |                            |               |
| 2.   | _____          | _____             |  |                    |                            |               |
| LIC Policy(ies)                                | _____          | _____             |  |                    |                            |               |
| Postal Life Insurance Policy(ies) Amount       | _____          | _____             |  |                    |                            |               |
| Maturity Dates                                 | _____          | _____             |  |                    |                            |               |
|  |                |                   | <b>Applicant:</b>  |                    |                            |               |
|  |                |                   | Employer   | _____              | _____                      | _____         |
|  |                |                   | Provident Fund   | _____              | _____                      | _____         |
|  |                |                   | Credit Society   | _____              | _____                      | _____         |
|  |                |                   | Others (specify)   | _____              | _____                      | _____         |
|  |                |                   | <b>Co-applicant</b>  |                    |                            |               |
|  |                |                   | Employer   | _____              | _____                      | _____         |
|  |                |                   | Provident Fund   | _____              | _____                      | _____         |
|  |                |                   | Credit Society   | _____              | _____                      | _____         |
|  |                |                   | Others (specify)   | _____              | _____                      | _____         |



**BANK ACCOUNT DETAILS**

| Name of the Account Holder | Name of the Bank | Branch Name | Year a/c opened | Account No. |
|----------------------------|------------------|-------------|-----------------|-------------|
|                            |                  |             |                 |             |
|                            |                  |             |                 |             |
|                            |                  |             |                 |             |

**GENERAL [APPLICABLE TO APPLICANT AND CO-APPLICANT (IF ANY)]**

|  |  |   |
|--|--|---|
| <p style="text-align: right;"><b>Yes    No</b></p> <p>1. Have you or your spouse earlier applied to UBI for a loan ? <input type="checkbox"/> <input type="checkbox"/></p> <p>If yes a) Loan a/c no. _____<br/>b) Other details _____</p> <p>2. Have you or your spouse given Personal Guarantee(s) ? <input type="checkbox"/> <input type="checkbox"/></p> <p>If yes, a) On behalf of _____<br/>b) Name of the organisation _____<br/>c) Amount _____</p> | <p>3. What other security will you be able to provide _____</p> <p>4. Please select the mode of repayment convenient to you: Tick (✓) against the appropriate box.</p> <p>a) Deduction of monthly instalment<br/>By your employer <input type="checkbox"/></p> <p>b) Post dated cheques <input type="checkbox"/></p> <p>c) Standing instructions to bankers <input type="checkbox"/></p> <p>d) Any other (please specify) _____</p> <p><i>Not applicable for employed applicants, whose employers have a deduction at source arrangement with UBI?</i></p> | <p><b>Are you a citizen(s) of India</b><br/><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Do you belong to</b><br/><input type="checkbox"/> SC    <input type="checkbox"/> ST    <input type="checkbox"/> NA</p> <p><b>Do you have any Credit Cards? Yes / No</b><br/>If Yes, Card No.: _____<br/>Issuers name: _____</p> |
|--|--|---|

**REFERENCES (NAMES AND ADDRESSES OF TWO REFEREES WHO ARE NOT RELATED TO YOU)**

|   |                              |                              |
|---|------------------------------|------------------------------|
| UBI may make such enquiries from the referees it deems necessary. | 1. _____                     | 2. _____                     |
|   | _____                        | _____                        |
|   | _____                        | _____                        |
|   | Phone: Off: _____ Res: _____ | Phone: Off: _____ Res: _____ |

**DECLARATION**

I / We declare that all the particulars and information given in the application form are true, correct and they shall form the basis of any loan UBI may decide to grant me / us. I / We confirm that I / We have had no insolvency proceedings against me / us nor have I / We ever been adjudicated insolvent and further confirm that I / We have read the brochure and understood the contents. I / We am / are aware that the Equated Monthly Instalment comprising principal and interest is calculated on the basis of quarterly rests. I / We agree that UBI may take up such references and make such enquiries in respect of this application, as it may deem necessary. I / We undertake to inform UBI regarding any change in my / our occupation / employment and to provide any further information that you may require. I / We also undertake to authorise my / our employer(s) to deduct Equated Monthly Instalments from my / our salary and remit the same to UBI directly every month. UBI may make available any information contained in this form, other documents submitted to UBI and information pertaining to the loan to any institution or body. UBI may seek / receive information from any source / person to consider this application. I / We further agree that my / our loan shall be governed by rules of UBI which may be in force from time to time.

**Applicant's Signature**

**FOR OFFICE USE ONLY**

All the documents obtained as per scheme, verified with original (wherever applicable) and found to be in order

(signature & Name of Processing Officer)

**SANCTIONED / DECLINED**

(Signature & Name of Sanctioning Authority)