



File No. _____
 Agent: _____
 HLA/DSA/CRA Code: _____

APPLICATION FOR LOAN UNDER GRIHA VIKAS (Resident Indians)

Please take due care & fill in all the details in **CAPITAL LETTERS** only. A completed & correctly filled in Form will help us in processing your Application faster. An incomplete / incorrect Application is liable to be rejected.

PERSONAL INFORMATION

	APPLICANT	CO-APPLICANT
Full Name	Surname First Name Middle Name	Surname First Name Middle Name
Father's Name		
Date of Birth, Age, & Sex	DD <input type="checkbox"/> <input type="checkbox"/> MM <input type="checkbox"/> <input type="checkbox"/> YYYY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Age: _____ years Male <input type="checkbox"/> Female <input type="checkbox"/>	DD <input type="checkbox"/> <input type="checkbox"/> MM <input type="checkbox"/> <input type="checkbox"/> YYYY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Age: _____ years Male <input type="checkbox"/> Female <input type="checkbox"/>
Income Tax PAN [attach Xerox Copy]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Place of Birth		
Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Others <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Others <input type="checkbox"/>
Exact Educational Qualif. (pl. specify)		
Identity Proof (for Non-IT Assessees) – any one [attach Xerox Copy]	Passport <input type="checkbox"/> Voters ID <input type="checkbox"/> Driving Licence <input type="checkbox"/> Photo Credit Card <input type="checkbox"/> Employee ID Card <input type="checkbox"/> No. _____	Passport <input type="checkbox"/> Voters ID <input type="checkbox"/> Driving Licence <input type="checkbox"/> Photo Credit Card <input type="checkbox"/> Employee ID Card <input type="checkbox"/> No. _____
Category	SC / ST <input type="checkbox"/> OBC <input type="checkbox"/> Others <input type="checkbox"/>	SC / ST <input type="checkbox"/> OBC <input type="checkbox"/> Others <input type="checkbox"/>
Dependents	Please specify Relation of Co-applicant with Applicant: _____ No. of Dependents: Children _____ Adults _____	
Residence Address	_____ _____ Dist. _____ State _____ PIN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Nearest Landmark _____ STD Code _____ Ph. # _____ Mob. # _____ E-mail _____ No. of years at above Residence _____	
Permanent Address	_____ _____ Dist. _____ State _____ PIN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Nearest Landmark _____ STD Code _____ Ph. # _____	
Office Address	_____ _____ Dist. _____ State _____ PIN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> STD Code _____ Ph. # _____ FAX _____	_____ _____ Dist. _____ State _____ PIN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> STD Code _____ Ph. # _____ FAX _____

Details of Loans availed: [Please attach separate sheet if space is insufficient]

Name of Bank / FI / Employer	Sanc. Date, ROI, Term, & Purpose	Details of Security Offered	Sanc. Amt. / Limit	EMI	O/s. Bal. as on Date

Have you / your Spouse ever stood as Guarantor? Yes No

If yes, give details: _____

INCOME INFORMATION

	APPLICANT	CO-APPLICANT
Type of Employment	Salaried <input type="checkbox"/> Self-employed <input type="checkbox"/> Professional <input type="checkbox"/> Retired / Homemaker / Student / Others <input type="checkbox"/>	Salaried <input type="checkbox"/> Self-employed <input type="checkbox"/> Professional <input type="checkbox"/> Retired / Homemaker / Student / Others <input type="checkbox"/>
Name & Contact Details of Organisation	_____ _____ _____ Nearest Landmark _____ Dist. _____ PIN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> State _____ STD Code _____ Phone No. _____ FAX _____ E-mail: _____ Contact Person _____	_____ _____ _____ Nearest Landmark _____ Dist. _____ PIN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> State _____ STD Code _____ Phone No. _____ FAX _____ E-mail: _____ Contact Person _____
Designation & Employee No.		
Department		
Date of Joining	DD <input type="checkbox"/> <input type="checkbox"/> MM <input type="checkbox"/> <input type="checkbox"/> YYYY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DD <input type="checkbox"/> <input type="checkbox"/> MM <input type="checkbox"/> <input type="checkbox"/> YYYY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Total Experience	_____ Years	_____ Years
Retirement Year		
Gross Annual Income	Rs. _____ /- p.a.	Rs. _____ /- p.a.
Net Annual Income	Rs. _____ /- p.a.	Rs. _____ /- p.a.

Note:

- Salaried Employees should attach copies of last 3 Months Payslips along with copies of Form 16 & ITR of the latest Assessment Year.
- Self-employed Persons / Professionals should attach the copies of ITRs, Income Computation Statements, & full set of Financials for the last 3 Assessment Years, along with a Note on the Business / Professional Activities.

LOAN INFORMATION

Loan Required (Rs.):	Type of Rate of Interest: Floating / Fixed-10
Term Desired (Max. 15 years):	Mode of Payment of EMI: Salary Ded. / ECS / PDC / Collecting Bank
Due Date of EMI:	Loan Purpose (Specify) : _____

FINANCIAL INFORMATION

Particulars	Applicant [Rs.]	Co-applicant [Rs.]	Particulars	Applicant [Rs.]	Co-applicant [Rs.]
Bank Savings / Deposits			Life Ins. Policies / PLI		
Other Properties			Shares & Securities		
Current Balance in PF / PPF			Other Assets (Pl. specify)		

Monthly Expenses: Rs. _____ /- p.m.

Are you a Shareholder of LICHFL? Yes / No

Bank A/c. Details [Please attach copies of Bank Statements for at least past 6 Months.]

Name of the A/c. Holder	Name & Address of the Bank	Type of Account	Account No.

PROPERTY INFORMATION [Please attach copies of Title Documents.]

FULL ADDRESS OF THE PROPERTY _____ _____
Nearest Landmark _____ Dist. _____ State _____ PIN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Area of Land / Undivided Share of Land: _____ Sq. Ft.	In case of Leasehold Plot: -
Built-up Area: _____ Sq. Ft. Carpet Area: _____ Sq. Ft.	Name of Lessor: _____
Year (s) of Construction: _____	Term of Lease: _____
Date from which the Applicants own the Property: _____	Dt. of Expiry of Lease : _____

Cost / Value of the Property (Rs.):

Purch. Cost of Land / Undiv. Share of Land (UDL): _____	Purch. Cost of Flat (excl. UDL Cost): _____
Purch. / Const. Cost of House (excl. Land Cost): _____	Regn. Chgs. & S. Duty: _____
Total Cost: _____	Valuation of Property: _____

LIFE INSURANCE POLICY DETAILS

Policy No.	Name of Insurer & Branch	Name of Policyholder	Type of Policy & Term	Sum Assured (Rs.)	Premium Amount (Rs.)	Mode of Premium Pmt. [M / Q / H / Y]	Dt. of Comm.	Present Surrender Value (Rs.)

Are you opting for Griha Suraksha (Group Mortgage Redemption Assurance Scheme)? Yes / No.

REFERENCES

Name: _____	Name: _____
Address: _____	Address: _____
State _____ PIN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dist. _____	State _____ PIN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dist. _____
STD Code _____ Ph. # (R) _____	STD Code _____ Ph. # (R) _____
Ph. # (O) _____ Mob. # _____	Ph. # (O) _____ Mob. # _____
E-mail ID: _____	E-mail ID: _____

DECLARATION

I / We declare that all the particulars and information given in the Application Form are True, Correct, and Complete, and that they shall form the basis of the Contract for any Loan LICHFL decides to grant to me / us. I / We have no Insolvency Proceedings against me / us nor have I / we ever been adjudicated Insolvent and further confirm that I / we have read the LICHFL Brochure giving details of its Loan Schemes and understood its contents. I / We have understood and selected the Interest Rate Option available. I / We are aware that the option on Interest Rate once selected cannot be changed and change (s) may be permitted only at the sole discretion of LICHFL on such Terms and Conditions as may be decided by LICHFL. I / We agree that LICHFL may take up such references and make enquiries in respect of this Application, as it may deem necessary from my / our Banker (s) or Employer (s) or Others. I / We undertake to inform LICHFL regarding any change in my / our Occupation / Employment and to provide any further information that you may require. I / We also undertake to authorize my / our Employer (s) to deduct Equated Monthly Instalments from my / our Salary and remit the same to LICHFL directly every Month [Applicable only in Salary Deduction Cases]. LICHFL may make available any information contained in this Form and other Documents submitted to LICHFL and information pertaining to the Loan to any Institution or Body. LICHFL may seek / receive information from any source / person to consider this Application. I / We further agree that my / our Loan shall be governed by the Rules of LICHFL which may be in force from time to time. I / We understand that the Upfront Fee is not refundable under any circumstances, and the Loan Sanction or Rejection is at the sole discretion of LICHFL, even after payment of such Fee. I / We am / are aware that the Original Title Deeds (including the Chain of Title) in respect of the Property standing in my / our name will have to be deposited to LICHFL as Security for the Loan.

Applicant's Signature : _____

Co-applicant's Signature : _____

Place: _____ Date: _____

Recent Passport-size
Photograph of the
Applicant with
Signature across

Recent Passport-size
Photograph of the Co-
applicant with Signature
across

Mail Correspondence to: Residence Address Office Address Permanent Address

ADDENDUM TO APPLICATION UNDER GRIHA VIKAS

LOAN ENHANCEMENT UNDER NEW GRIHA LAXMI

If Loan Enhancement is sought under New Griha Laxmi Scheme, please provide details below. [Please attach separate sheet if space is insufficient]

In case the Security is **Life Insurance Policies** [Please attach Surrender Value Quotations].

Policy No.	Name of Insurer & Branch	Name of Policyholder	Plan & Term	Sum Assured (Rs.)	Premium Amt. (Rs.)	Mode of Premium Pmt. [M / Q / H / Y]	Dt. of Comm.	Present Surrender Value (Rs.)

In case the Security is **Fixed Deposits of Nationalised Banks** [Please attach copies of FD Receipts]

F.D. No.	Name of the Bank & Branch	Name of the Depositor	Face value of the FDR (Rs.)	Date of Commencement	Date of Maturity

In case the Security is **Post Office Instruments (NSC, KVP, etc.)** [Pl. attach copies of Instruments]

Certificate No.	Name & Address of P.O.	Name of the Certificate Holder	Denomination of Certificate (Rs.)	Date of Issue	Date of Maturity

DECLARATION

I / We am / are aware that the Original Life Insurance Policy Documents / Fixed Deposit Receipts of Nationalised Banks / Post Office Instruments after Assignment / Marking of Lien of LICHFL, as applicable, standing in my / our name will also have to be deposited to LICHFL as Security for the Loan.

Applicant's Signature: _____

Co-applicant's Signature: _____

Recent Passport-size

Photograph
of the Applicant
With Signature
across

Recent Passport-size

Photograph
of the Co-Applicant
With Signature
across

File No. _____

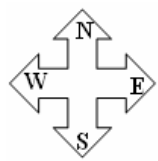
Agent: _____

HLA/DSA/CRA Code: _____

**LIC HOUSING FINANCE LTD.**

	APPLICANT			CO-APPLICANT		
Specimen Signature						
Full Name	Surname	First Name	Middle Name	Surname	First Name	Middle Name

Please draw Route Map of the Property in the space provided below.



Large empty space for drawing the Route Map of the Property.

FOR OFFICE USE
(To be completed by the Area Office)

S. No.	Date of Visit	Visited by	Observation	Amount Paid, if any	Initials

