# JANA SMALL FINANCE BANK

(A Scheduled Commercial Bank)

	Entity Information
oply Chain Finance: 🗌 Dealer Fi	
Type of Facility	₹ In Lakhs Tenure Purpose Anchor Name
Current Account	Type of Account AMB/ AQB (₹) Product Code
Yes No	
	Business Details
Entity Constitution Type:	Proprietorship       Partnership Firm       LLP       One Person Company         Pvt. Ltd       Public Ltd.       Others
	Applicant Details
Name of Firm / Company:	
Udyam Registration Certificate No.:	Import Export Code (IEC):
PAN Card (Entity/ Proprietor PAN Car	
orporate Identification No. (CIN)/ LL	PIN:         Date of Incorporation:         D         M         M         Y         Y
Place of Incorporation/ Formation:	*GSTN No.:
Nature of Business:	Manufacturing Service Provider Trading (Retail/ Wholesale/ Distributor)
ndustry Type (tick the relevant optior	n): Automobile Dairy/Food Processing FMCG Pharmaceuticals
	Agricultural Commodities Electricals Gems & Jewellery Plastic & Allied Produ
	Battery     Electronics     Marble/Granite     Printing/Publishing
	Consumer Durables     Engineering Goods     Petrol Pump     Textiles/Garments       Service Provider     Others:
No. of years and months in Business:	
Annual Turnover:	TearsMontris □ Up to ₹20 Lakhs □ ₹20 Lakhs - ₹50 Lakhs □ ₹50 Lakhs - ₹2 Cr □ ₹2 Cr - ₹10 Cr
ny Statutory dues	Yes No NA
maining outstanding:	
Proof of Entity: Certificate of Incorporation/ Forn	nation Registration Certificate Registration Certificate No.
 Memorandum and Articles of Ass	
 Resolution of Board / Managing (	Committee Udyam Certificate
Activity Proof - 1 (For Sole Proprie	etorship Only) 🗌 Activity Proof - 2 (For Sole Proprietorship Only)
Whether registered under GST:	Yes No Registration date: DDMMYY
GST Exemption:	Yes No Exemption Reason (if yes)
GST Registration:	Single Multiple (Please fill GST Annexure for multiple GST Registration)
pecial Economic Zone:	Yes No SEZ Code (If yes)
Registered Office Address:	
	City/ Town/ Village
	District PIN/ Post Code
	State/U.T.
learest Landmark (Office Address):	
-mail Address - 1:	
mail Address - 2:	
isiness Website:	
one Details (STD Code - Tel. Off.):	FAX:         FAX:
1obile Number:	+91 Office/ Business Premises: Self Owned Rental Lea
ERVICES REQUIRED	Debit Card: Y N Cheque Book: Y N POS: Y N QR Code: Y N
ode of Operation	Prop/Auth Sign/Singly As per Document attached (Resolution, Partnership Letter, Mandate etc.)
Customer Consent:	Y N I/ We authorise to Jana Small Finance Bank Limited for opening a Current Account in our Entity Name.
	Schedule of Charges as per Jana Small Finance Bank policy. To know more please visit www.janabank.
or nomination: ease tick ( $\checkmark$ ) as applicable	Please fill DA-1 application form separately. (Applicable for Propriotorship only)
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# SUPPLY CHAIN FINANCE LOAN CUM

# JANA SMALL FINANCE BANK

rincipal Place of Business, ctory Address/Local Addre different from Registered																															
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different nom Registered					T	Τ													Τ								Γ				
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The Company is listed			•					-						0%	or n	ore	) of	suc	h li:	sted	l co	pmp	an	, or							
No Single shareholder				-			-	-				-											-			LLP/	/Par	tners	ship	, and	dinc
holds more than 15% i																														,	
Non Exempt Category:																															
Shareholding Pattern:																	_														
Name of Sharehold	ers	%	of s	hare	Ν	Ment	tion	reas	on	if be	long	s to	exer	npt (	enti	:y#															
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). We hereby declare tha P/Partnership and holds m																															
e details of senior manag																			inar	0 511			aci	5 15	100	avai	1001				5111
Name DC	D Notes									De			Add										C	DIN/	PAN	N/Na	ame	e &			
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anaging Director/Company Sec rcises control over the entity ne	eds to be fur	nishe	ed. Th	ne said	l natu	ural p	ersor	n may	act	alone	or to	gethe	er, or t	roug	gh on	e or i							Dat	e							
naging Director/Company Sec	eds to be furi identifiable, ir	nishe ndica	ed. Th ate "N	ne said lot Idei	l natu Intifie	ural p ed″ in	ersor Tabl	n may e B ar	act nd pi	alone rovide	or to detai	gethe ls rec	er, or t uired	iroug is pe	gh on r Tab	e or i le C.	more	jurio	dicia				Dat	e				t Sigr			

1<sup>st</sup> - Co-Applicant / Partner Proprietor / Director / Guarantor Signature with entity stamp

2<sup>nd</sup> - Co-Applicant / Partner Proprietor / Director / Guarantor Signature with entity stamp

3<sup>rd</sup> - Co-Applicant / Partner Proprietor / Director / Guarantor Signature with entity stamp

# JANA SMALL FINANCE BANK

(A Scheduled Commercial Bank)

					Existing Loan	Details/I	Facility D	etails					
Loan Ba	ink Name	Type of Loa	n Acco	unt No.	Loan Amount	EMI	Loa	n Opening Date	Tenu	ire	ROI	Security	Outstanding as on
1													
2 3													
					Bar	nking Det	tails						
S.No		Name o	of the Ban	k				Branch		Acc	ount Numbe	r B	anking Since
1													
2													
	·					curity De	tails						
(a) Primary Se	-	Value as on			iquid Collateral:			Relationship		V	alue as on	То	be LIEN
Type of Sec	urity	date (in Lakhs	)		e of Security ar KVP, NSC, Fixed			with Borrow	er	da	ate (in Lakhs)	) M	arked (Yes/No)
Stock				1.	KVF, NSC, FIXeu	Deposits	)						
Book Debts Others				2.									
				3.									
					Details Of	Partners							
Name of Partners/	Complete	Residence	Father /	DOD	Aadhar No.		Catego SC/ST	/ Telephone	Mobile	Age	Profit	Acade	Experience mic in the line
Directors of Company /Proprietors	Add	ress	Spouse	DOB	/ DIN No.	PAN No.	OBC/ Minorit Wome	y/ (Residence)	No.	(in Years)	Sharing/ Shareholding	g % Qualific	ation of activity (years)
Trophetors							Wonne			_			
					Priority Sector L				• • • -				
Class	ification	Com	Micro		stment in Plant	& Machii	nery / Eo Sn		Annual I	urnove		Medium	
	g Enterprises	Investmer Equipmer	it in Plant	and Mach	ninery or	Investme Fauipme	ent in Pla	nt and Machi nore than ₹ 1	nery or		nvestment ir	n Plant and	Machinery or han₹50 crore
and Enterpris rendering Ser		Annual Tu	rnover: no			Annual 7	Turnover	: not more			Annual Turn	over: not r	
		⊔ than₹5 c	rore			than₹5	U Crore				than ₹ 250 C	rore	
		Customer De	claration	in respec	t of relationship	with Dir	ector/Se	nior Officer o	of the Ban	ık/any o	other bank		
							5	5	d advance	es to re	latives of dir	ectors and	clause 2.2.2 or
	-				latives of senior th director/senio				r bank				
. I am a Dire	ctor of Jana S	Small Finance B	ank 🗌	YES [	NO			2					
i. I am a Dire	ctor of any ot	her Bank		YES	NO								
/	e of the Bank								_				
					ank/other bank/ /We am/are rela						f Jana Small	Finance B	ank or any bank
specified h	iere to												<b>,</b>
Sr.No	Name	e of Director(s)	/ Senior C	Officer(s)			D	esignation			Re	lationship	
lama of borr					Legal Entity Ide	ntifier (LE	EI) Decla	ration					
	irm that the to				ter availing the p	roposed l	oan / cre	dit facility is ab	ove Rs. 5	Crore.	The Legal Ent	ity Identifie	r (LEI) is
		and the details c	f the same	e are as un	der:				_`		- F		
1) LEI I 2) I EI											iance Date: [		
2) LEI		tal banking expo	sure of ou	ur entitv af	ter availing the pi	oposed la	 oan / cre	dit facility is be			iry Date: [ to Rs. 25 Cro	ore. We will	obtain the LEI
at the earl	iest and agree	to provide the L	El details t	o Jana Sm	hall Finance Bank ter availing the pi	Limited o	once we	obtain the san	ne.				
applicable	e to us.	5.		2	5 .	•		2			5	2	
					s beyond Rs. 5 C imited once we			nure of the loa	n/credit fa	cility, w	e will obtain t	he LEI at th	e earliest and
					e are true, correc			all aspects.				icant Signa	
											Witi	h entity sta	шир
Please tick (	(√) as applica	ble											

### JANA SMALL FINANCE BANK

(A Scheduled Commercial Bank)

	Authorised Signatory/ Guarantor Details						
*Related Person Type:	Proprietor Partner Director Karta Guarantor Trustee						
	Authorised Signatory Beneficial Owner						
	Other (please specify)						
CKYC Identifier:							
Prefix	First Name Middle Name Last Name						
*Name (Same as ID Proof):	Applicant Photograph						
*Spouse Name:							
*Father's Name: *Mother's Name:	Please sign across the Photograph						
*Gender:	Male Female Third Gender						
Residential Status/Constitution:	Resident Individual Non Resident Indian Foreign National						
Existing Cust ID:	*Date of Birth: DDMMYYYYY						
-							
*PAN Card: *Director Identification Number	Form 60 Furnished     Y     N     Applicant signature       without entity stamp						
(DIN) (In case Of Director):							
*Occupation:	Business Self Employed Others/Not Categorised						
*If Self Employed/ Business (tick the relevant option):	Manufacturer   Trader   Service Provide   Others						
*No. of Years and Months in the Busine	ss: Years Months						
*Source of Fund (tick the relevant option	I: Investment Professional Fees Business Commission						
*Nationality (tick the relevant option):	Indian Other (Kindly mention nationality, if apart from Indian)						
*Community:	Hindu Muslim Christian Sikh Buddhist Zoroastrian Parsi Jain Others						
Category:	SC ST OBC General Others						
Education:	Matriculate       Undergraduate       Graduate       Postgraduate       Professional       Others						
Marital Status:	Unmarried Married Others Number of Dependents *Person With Disability Yes No						
*Annual Income:	Up to ₹20 Lakhs ₹20 Lakhs - ₹50 Lakhs ₹50 Lakhs - ₹2 Cr ₹2 Cr - ₹10 Cr						
	₹10 Cr - ₹25 Cr Above ₹25 Cr						
	Politically Exposed Persons (PEP) Declaration						
	exposed Person (PEP) nor I am related to any Politically Exposed Person (PEP). Yes, I am a Politically Exposed Person (PEP) *Proof of Officially Valid Documents: (Anyone to be submitted) e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)						
A. Passport Number:	Passport Expiry Date: D D M M Y Y Y Y						
B. Voter Id Card No.:	C. National Population Register Letter:						
D. Driving Licence:	Driving Lic. Expiry Date: D D M M Y Y Y Y						
E. NREGA Job Card:	F. AADHAAR Number:         X						
*Residence/ Communication Address:							
Residence, communication / duress.							
	City/ Town/ Village						
	District PIN/ Post Code						
	State/U.T. Country Country						
*Nearest Landmark:							
Residence Ownership: Self Owner							
Permanent Address:	Same as Residence Address mentioned above						
	City/ Town/ Village						
	District PIN/ Post Code						
	State/U.T.						
*Nearest Landmark:							
No. of years and months at the Residen	ce address: Years Months						
Tel (Off):	Tel (Resi): *Mobile No.: +91						
*Email Address:							
*Email Address: Each Individual Need to Submit Please tick ( $\checkmark$ ) as applicable							

### **JANA SMALL FINANCE BANK**

(A Scheduled Commercial Bank)

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5

FATCA - CRS Declaration (For Individual)											
(Please tick the applicable tax resident declaration any one)*         I am a tax resident of India and not resident of any other country OR       I am a tax resident of the country/ies mentioned in the table below:         Please indicate the country/ies in which the entity is a resident for tax purposes and the associated Tax Number below         City of Birth*       Country of Birth*         Address Type for Tax Purposes*       Resident       Business											
Country#											
	Number ^	Other, please specify)^	Communication Address	Permanent Address	Please note the address below						
			Landmark	· · · · · · · · · · · · · · · · · · ·							
	PIN         State         Country										

#To also include USA, where the individual is citizen/green card holder of USA ^In case Tax Identification number is not available, kindly provide functional equivalent FATCA-CRS Certification: I have understood the information requirements of this form (read along with the FATCA/CRS instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

#### **Customer Consent**

I/We hereby authorize Jana Small Finance Bank Ltd. (the "Bank") to fetch my personal details from UIDAI. I/We hereby state that I/we have no objection in authenticating myself/ourselves with Aadhaar based authentication system and I/we voluntarily consent to providing my/our Aadhaar number / VID number, Biometric information and/or One Time Pin (OTP) data (and/or any similar authentication data) for the purpose of processing my/our Supply Chain Finance application. I/We understand that the biometric and/or OTP and/or any other authentication data I/we may provide for authentication shall be used only for authenticating my/our identity through the Aadhaar authentication system for the purposes of this application or as may be required by law and for no other purposes. I/We confirm that I/we have been informed about the alternatives to submission of identity information and I/we have agreed to authenticate myself/ourselves through Aadhaar based authentication system with full understanding of alternatives to submission of identity information. I/We understand that the Bank shall ensure security and confidentiality of my personal data provided for the purpose of Aadhaar based authentication.

I/We give consent to store, use/exchange or share the application details, Aadhaar number, Aadhaar/identity information, personal data, information pertaining to the Facility (defined below) including my/ our credit and repayment history ("Information") for any purpose with UIDAI, ED, NPCI, CKCY, KRA, CERSAI, any other banks, financial institutions, credit bureaus, credit information companies and with any other authority or regulatory body or as per requirements of law etc., I/we shall not hold the Bank liable for use/exchange of this information. Any agencies so authorized may furnish for consideration, the processed information and data or products thereof prepared by them, to banks/ financial institutions and other credit grantors or registered users, as may be specified by the regulators in this behalf.

I/We further authorize the Bank to download KYC details from the CKYC registry using my CKYC ID for the purpose of processing my/our Supply Chain Finance application.

I expressly authorize the Bank, its service providers, agents and/or its affiliates for using the afore-mentioned Information and for marketing, promotion and cross-selling to me the various products and services of the Bank from time to time via telephone, SMS and/or email.

The Bank, its agents, representative, affiliates and any other person/entity authorized by it may contact me/us regarding the services and other products of the Bank. This consent will override any registration for NC/NDNC (National Do Not Call Registry). I/We hereby give my/our consent to receive such information through Phone Calls: Yes No SMS: Yes No No Email: Yes No No WhatsApp: Yes No No

1 <sup>st</sup> - Co-Applicant / Partner Proprietor / Director / Guarantor Signature with entity stamp		2 <sup>nd</sup> - Co-Applicant / Partner Proprietor / Director / Guarantor Signature with entity stamp		3 <sup>rd</sup> - Co-Applicant / Partner Proprietor / Director / Guarantor Signature with entity stamp
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#### **Customer Declaration**

- 1. I/We have read and understood the Terms and Conditions relating to various services/facility that I/we have specifically requested from Jana Small Finance Bank Ltd. (the "Bank").
- 2. I/We understand and agree that my/our submission of this Application Form ("AOF") and its receipt by the Bank acts as an instruction to the Bank but does not mean that the Bank has approved this AOF or is bound to abide by my/our instruction(s).
- 3. I/We understand and agree that the approval of my/our AOF is at the Bank's discretion and that the Bank is entitled to decline my/our instructions, if any, or otherwise reject and/or cancel my/our AOF. No commitment has been given to me/us with regard to sanction of the Facility.
- 4. I/We understand and agree that the Bank may contact me/us and request for further information or documents for the purpose of this AOF and for verification of any and all information provided/ furnished by me/us.
- 5. I/We agree that the Bank reserves the right to retain the photographs and documents submitted with the AOF and is under no obligation to return the same to me/us even if the Facility is rejected.
- 6. I/We certify that the information provided by me/us in this AOF is true, correct, complete and up to date in all respects. I/We further understand and agree that the information provided by me/us forms the basis of the Supply Chain Finance Facility ("Facility") that the Bank may decide to grant me/us in its sole discretion. I/We understake to inform you of any changes therein immediately. I/We understand and agree that I/we shall be held liable in the event any information provided by me/us is found to be false or untrue or misleading.
- 7. I/We have no borrowing arrangements from the Bank except those requested herein this AOF. I/We confirm that there is no overdue/ statutory dues/ insolvency proceedings or suits for recovery of outstanding dues whatsoever or for attachment of my /our properties and /or any criminal proceedings initiated and/or pending against me/us except the statutory dues as indicated herein this AOF. I/We have never been adjudicated insolvent by any court or other authority. I/We undertake that we shall take prior approval from the Bank in case we resort to any borrowing arrangement with any other bank. I/We further confirm that I/we have not been declared as defaulter /wilful defaulter by any bank /financial institution and no legal action has been taken /initiated against me /us by any bank /financial institution.
- 8. In case of default by me/us in repayment of the Facility or in the payment of the interest thereon or any of the agreed instalments of the Facility on due date(s), the Bank and / or the RBI, in addition to other actions/remedies under law, shall have an unqualified right to disclose or publish the my/our name/names as defaulters / wilful defaulters in such manner and through such medium as the Bank or RBI in their absolute discretion may think fit.
- 9. The Bank or its authorized person/agency, may at any time, inspect /verify/ assess my /our factory /business premises, accounts, business records etc 10. I/We confirm that I/we have submitted true copies of the financials /tax returns /bank statements /legal and other documents .

- 11. I /We understand that the Bank reserves the right to seek any information from any source or to give any information and /or assign any work to any third party at its sole discretion in connection with the Facility required by me /us & this authorization shall continue to be valid, continuing and in force until all amounts due under Facility are fully repaid by the me/us to the satisfaction of the Bank. I/We further agree that the Facility that may be provided to me/us shall be governed by the terms and conditions as may be prescribed by the Bank from time to time. I/We agree to be bound by the terms and conditions of the Facility that may be granted to me /us.
- 12. Except to the extent disclosed to the Bank, no director or relative/near relation(as specified by RBI) of a director of a banking company (including Jana Small Finance Bank) or a relative ((as specified by RBI) is the applicant(s), or a partner of our concern, or a trustee, member, director, manager, employee of our concern, or of our subsidiary, or our holding company, or a guarantor on my behalf, or holds substantial interest in our concern or my/our subsidiary or holding company. Details of any such relation as referred to above.
- 13. I/We understand that all charges pertaining to the Facility like processing fees and/or prepayment penalty and/or any other charges mentioned in the sanction letter shall be borne by me/us. I/we understand that charges paid to the Bank towards out of pocket expenses and/or login/processing fees are non-refundable and upon the AOF being withdrawn by me/us or being rejected by the Bank for any reason whatsoever in the pre-sanction or post-sanction stage, I/we will not be entitled to any refund either in part or in full.
- 14. I/We understand that disbursement of the Facility will be subject to production of necessary documents as may be required by the Bank from time to time, satisfactory completion of Bank's appraisal and documentation process and compliance with Bank's laid down norms/guidelines.
- 15. I/We confirm that I/we shall utilize the said Facility only for the purpose of business as mentioned above. I/We further confirm that we shall not use the Facility for investment in the capital market or any other speculative activity.
- 16. I/We declare that: (i) I/We am/are competent and fully authorized to issue such declarations, confirmations, agreements and undertakings and submit this AOF for the purpose of availing the Facility and to execute all other documents required by the Bank for such purpose.
- 17. I/We authorize the Bank to obtain my/our bank statements' PDF and passwords thereto from me/us and use such password directly or share the same with third party agencies appointed by the Bank for fetching, accessing, and assessing the bank statements shared with the Bank.
- 18. I/We undertake to inform the Bank in the event of any update in the information or documents provided by me/us at the time of establishment of business relationship / account-based relationship for the availing the Facility granted by the Bank and thereafter, as necessary. I/we undertake to submit such updated information/ documents to the Bank within 30 days from the date of such update.
- 19. I/We confirm that the sourcing officer has not collected any commission/brokerage or any other fee by way of cash or cheque from me/us.
- 20. In addition to these terms and conditions, specific terms and conditions applicable to the co-applicant will be obtained separately and which is to be read together with these terms and conditions.

Date: D D M M Y Y Y Y	Place:												
Entity stamp P	1 <sup>st</sup> - Co-Applicant / roprietor / Director / Signature with enti	Guarantor			2 <sup>nd</sup> - Co oprietor Signatur	/ Direct	or / Gua	rantor		Proprietor /	pplicant / F Director / G with entity	uaranto	r
	So	ourcing De	tails (fo	r Officia	l Use o	nly)							
*Sourcing Channel: Bank Emp Corp			DSA DSA		onnect	or	Dig	tal Circle		Walk-in	Open N	larket	
DSA/Connector Code:				DSA/Co	nnecto	r Nam	ie:						
*Sourcing Emp Code:				*Sourc	ng Em	o Nam	ie:						
*Anchor Relationship Manager:									Em	ployee ID:			
*Account Opening City:													
*Account Opening Branch Name:										Sig	nature O	f	
*Account Opening Branch Code:										Sourcing Re	lationship	o Mana	iger
*KYC VERIFICATION AND ORIGINAL SEEN AND Emp. Name:													
Emp. Code:		Emp	. Desig	nation: _									
		Emr	. Branc	h:									
Date: D D M M Y Y Y Y										Institu	utional St	amp	

6

### **JANA SMALL FINANCE BANK**

(A Scheduled Commercial Bank)

Acknowledgement for Receipt of Application Form								
	(To be handed over to the customer)							
Date D D M M Y Y Y Y	То	LOS ID						
Jana Small Finance Bank Limited has received you	ar application for a Supply Chain Finance/ Facility of ₹	Signature of Sales Manager Sourcing Channel (ASL/DSA/etc.)						
PRE SANCTIONED DOCUMENT         1.       Entity KYC Documents         2.       Individual KYC Documents         3.       Six Months Bank Statement         4       GST Authentication	<ol> <li>POST SANCTIONED DOCUMENT</li> <li>As per JSFB policy</li> <li>Signed Loan Agrement/ Sanction Letter</li> <li>Processing Fee</li> </ol>							

5. Last 2 years Audited/CA certified financial statement

Note: Additional documents may be required for Credit assessment

Note: Additional documents may be required as per sanction term.