ANDHRA PRADESH SCHEDULED TRIBES CO-OPERATIVE FINANCE SOCIETY LTD:

LOAN APPLICATION FORM

BANK NAME:

| 1 | Name of the Applicant | : |
|---|---|---|
| • | Name of the Applicant | • |
| 2 | Father's / Husband's name | : |
| 3 | Present address | : |
| 4 | Age, Place of birth | : |
| 5 | Caste (Enclose certificate from concerned MRO as a proof) | : |
| 6 | (a) No.of family members | : |
| | (b) Occupation of the family members | : |
| 7 | Qualifications | |

8 Occupation of the applicant / annual : income

© Business and Experience

(a) Education

(b) Technical

9 Land holding particulars of the applicant / assets details (Patta pass book copy to be enclosed)

Area/ Surve No./ Value of Wet /

Village Area Area Dry

10 Whether applicant has own house? Whether the land is Govt.patta? whether sur plus land distributed? 11 Financial assistance

(a) what purpose?

(b) Total amount required ?

© Name of the bank branch which has agreed to give loan?

12 Estimated cost of the scheme to be implemented

13 Estimated income per year if the scheme runs profitably / successfully

14 Whether the applicant has availed any loan previously from the Govt. or Bank? whether the applicants request was rejected at any time, furnish details

15 Any other information relevant to : applicant

The above details furnished in connection with the applying loan / financial assistance from A.P.Scheduled Tribes Co-operative Finance Society Limited. The particulars furnish are true and genuine to the best of my knowledge and I am solely responsible. In case my declaration is proved to be false, I will accept any punishment.

Signature of Village Dev. Officer

Signature of Mandal Development Officer / Muncipal Commissioner Signature of Applicant

LOAN SURETY

| | On | | _(date) | | (month) | | (year) | | |
|-----------------------------------|---|---|---|--|---|--|---|---|---------|
| | | Andh | ra Pradesh | Scheduled | Tribes | Co-operative | Finance | Society | |
| Lim | nited, | Distr | ict. (T.A |) | | | | | |
| 1. | resident of village leading a Hindu livelil | | | | | | | du liveliho | od Sri/ |
| | | Finance | | | | | | | |
| 2. | | | | trict res ident | of village | leading a Hin | du liveliho | od Sri/ | |
| | the | Finance | Co-operati | ve S | ociety | No | | with | |
| 3. | | | | resident | of village | leading a Hind | Mandal du livelihod | od Sri/ | |
| | the | Finance | Co-operati | ve S | ociety | No | | with | |
| | We a | all jointly give of | consent to thi | s surety bo | nd. | | | | |
| instam acc cor be inv | erative So talments ount in _counts will mpound in recovered olved an | / Smt(date) ciciety Limited or in lumpsum be closed and atterest rate for d from any of use me to time in furnished. | at the rate of the amount each month is by disposinabide by the | loan of distriction districtio | Rs ct. The sa e interest case if he e date of orincipal a ets owned | aid amount will and penal into e fails to pay closing till the amount interes d by us irrespe | fr be repaid erest with p , immedia payment o t and pena ctive of the | om Co- by us in orincipal tely the of loan, a alty may e shares | |
| 1. | Addı | ress | | | Sigr | nature of the bo | orrower | | |
| 2. | Addı | Address | | Signature of the first surety | | | | | |
| 3. | Addı | ress | | | Sigr | nature of the se | econd sure | ety | |
| Wit | tness: | 1. Address | | | | Signature | | | |
| | | 2. Address | | | | Signature | | | |

PROMISORY NOTE

| 1. Andhra | Pradesh Scheduled | Tribes Co-operative | | Society an | nd through of Rs. |
|--------------------------------------|--|------------------------|-------------|----------------|----------------------|
| | in words | | | | |
| towards | | | | | |
| • | will pay with prescribe | | | | amount in |
| sanctioned in case lumpsum. Other-wi | utilise above amount a I / we fail to utilize, to ise my debts may be according to law/act. | the entire amount of | loan with | interest will | be paid in |
| | <u>D</u> | ECLARATION | | | |
| I Sri | | S/o |) | | |
| | | | | | |
| that myself, my fan | nily members did not a operative society. I a | avail any financial as | sistance fr | om your soc | ciety or any |
| I declare i | n case my declaratior inal. | n found to be false, I | will abide | by any acti | on initiated |
| Witness | | | | | |
| (1) | | | Yo | urs faithfully | , |
| (2) | | | Signa | ture of the A | pplicant |