

**ICICI BANK LIMITED**

Date:

Registered Office: ICICI Bank Tower, Near Chakli Circle, Old Padra Road, Vadodara, Gujarat - 390 007  
 Corporate Office: ICICI Bank Towers, Bandra Kurla Complex, Bandra, Mumbai 400 051

**FARMER FINANCING FACILITIES - CREDIT FACILITY APPLICATION FORM ("CFAF")**

**FOR OFFICE USE ONLY**

Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update	Sol ID	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Type	<input type="checkbox"/> Normal	<input type="checkbox"/> Simplified (for low risk customers)		<input type="checkbox"/> Small		

Facility Application No.

I ("Applicant") hereby apply for a loan of ₹  (Rupees \_\_\_\_\_) from ICICI Bank Ltd ("Bank") under Kisan Credit Card (KCC)  / Agri Term Loan (ATL)

**My personal particulars and that of my Guarantor given below are true and correct.**

I hereby authorize that Bank

- May retain this application, photos and other documents submitted with this application.
- May share all information related to this application with any of the Bank's group companies, other banks credit bureaus, statutory authorities without any liability to me/us.
- May reject this application without incurring any liability to me/us.
- Can deduct processing fees / legal fees / valuation fees / interest bouncing charges, if applicable at every annual review every year till the limit is valid.**
- Can deduct insurance premium for crop and/or cattle insurance along with any other charges, if applicable at the time of initial sanction and/or at every annual review till the limit is valid.**

I hereby confirm / declare that

- If granted the loan will be used for the declared purpose and shall not be used for purchase of gold in any form.
- I agree to create security for the loan as stipulated by the Bank and I will ensure that the guarantor complies with all the terms of the guarantee.
- I/we have not been declared to be a defaulter/willful defaulter by any bank in India.
- I agree to inform ICICI Bank in case of any change in my cropping pattern.
- I am not a director/relative of a director of ICICI Bank (or senior officer of ICICI Bank) or any other Bank in India (including director of Scheduled Co-operative Banks, director of Bank's subsidiaries and trustees of mutual funds/venture capital funds set up by the financing banks or other Banks.
- I agree to the annual review of my account as and when the same falls due till the limit is valid. The review may lead to an enhancement of my limit by 10% subject to satisfactory conduct of the account and any other the credit norm of the bank.
- I/We hereby requests ICICI Bank to open a current account for availing the kisan credit card facility.
- I/We would like to receive the account information through +91
- Cheque Book Required: Yes  No
- I/We agree to accept the facility on the above terms and conditions as well as the Terms and Conditions governing the Current Account as displayed on www.icicibank.com and agree to abide by the same. I/we confirm that the above terms were explained to me/us in \_\_\_\_\_ by Mr/Mrs. \_\_\_\_\_ and I/we have understood the terms and agree to contest the same at any time hereafter

**1. DETAILS OF THE APPLICANT**

KYC Number	<input type="text"/>				(Mandatory for KYC update request)
Name*	Prefix <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>	
Maiden Name (if any)*	<input type="text"/>				
Spouse Name*	<input type="text"/>				
Father Name*	<input type="text"/>				
Mother Name*	<input type="text"/>				
Date of Birth*	<input type="text"/>		Marital Status*	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other	
	City of Birth* <input type="text"/>		Country of Birth* <input type="text"/>		
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		Religion* <input type="text"/>		
Proof of Identity*	<input type="checkbox"/> Passport <input type="checkbox"/> PAN <input type="checkbox"/> DL <input type="checkbox"/> UID <input type="checkbox"/> NREGA <input type="checkbox"/> Other		No. <input type="text"/>		
Expiry Date (in case of Passport & Driving License)	<input type="text"/>				
Proof of Address*	<input type="checkbox"/> Passport <input type="checkbox"/> PAN <input type="checkbox"/> DL <input type="checkbox"/> UID <input type="checkbox"/> NREGA <input type="checkbox"/> Other		No. <input type="text"/>		
	Simplified Measures Account - Document Type Code <input type="text"/>				
<b>TO WHOM SO EVER IT MAY CONCERN</b>					
Category *	<input type="checkbox"/> General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC		Education Qualification* <input type="checkbox"/> Literate <input type="checkbox"/> Illiterate		
Occupation *	<input type="checkbox"/> Service ( <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector )				
	<input type="checkbox"/> Others ( <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Agriculturist <input type="checkbox"/> Student )				
	<input type="checkbox"/> Business				
	<input type="checkbox"/> Not Categorized				
Residential Status*	<input type="checkbox"/> Resident Individual		<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National		<input type="checkbox"/> Person of Indian Origin		

PAN/GIR No.\*            Form 60 (to be filled by those who do not have either a PAN or GIR)

Citizenship\*  Indian  Others (ISO 3166 Country Code  )

Present Residence Address : \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Residence / Business \_\_\_\_\_

Village : \_\_\_\_\_ Taluka / City : \_\_\_\_\_

Village : \_\_\_\_\_ Taluka / City : \_\_\_\_\_

District :

District :

State :

State :

Pin code :

Pin code :

Mob No.:  +  9  1

Mob No.:  +  9  1

State Code : \_\_\_\_\_ Country Code \_\_\_\_\_

State Code : \_\_\_\_\_ Country Code \_\_\_\_\_

Current Address / Permanent Address / Correspondence Address is same: Yes  No

I do hereby declare that what is stated is true to the best of my knowledge and belief

☞  
\_\_\_\_\_  
(Applicant Signature)

Date:

**2. DETAILS OF THE GUARANTOR / CO APPLICANT 1**

\*(Please attach separate sheets if there are more Co Applicants in the deal)

KYC Number           (Mandatory for KYC update request)

Name\*

Maiden Name (if any)\*

Spouse Name\*

Father Name\*

Mother Name\*

Date of Birth\*                      Marital Status\*  Single  Married  Other

City of Birth\* \_\_\_\_\_ Country of Birth\* \_\_\_\_\_

Gender\*  Male  Female  Transgender Religion\*

Proof of Identity\*  Passport  PAN  DL  UID  NREGA  Other No.

Expiry Date (in case of Passport & Driving License)

Proof of Address\*  Passport  PAN  DL  UID  NREGA  Other No.

Simplified Measures Account - Document Type Code

**TO WHOM SO EVER IT MAY CONCERN**

Category \*  General  SC  ST  OBC Education Qualification\*  Literate  Illiterate

Occupation \*  Service (  Private Sector  Public Sector  Government Sector)

Others (  Professional  Self Employed  Retired  Housewife  Agriculturist  Student)

Business

Not Categorised

Residential Status\*  Resident Individual  Non Resident Indian

Foreign National  Person of Indian Origin

PAN/GIR No.\*                      Form 60 (to be filled by those who do not have either a PAN or GIR)

Citizenship\*  Indian  Others (ISO 3166 Country Code  )

Present Residence Address : \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Residence / Business \_\_\_\_\_

Village : \_\_\_\_\_ Taluka / City : \_\_\_\_\_

Village : \_\_\_\_\_ Taluka / City : \_\_\_\_\_

District :

District :

State :

State :

Pin code :

Pin code :

Mob No.:  +  9  1

Mob No.:  +  9  1

State Code : \_\_\_\_\_ Country Code \_\_\_\_\_

State Code : \_\_\_\_\_ Country Code \_\_\_\_\_

Current Address / Permanent Address / Correspondence Address is same: Yes  No

I do hereby declare that what is stated is true to the best of my knowledge and belief

☞  
\_\_\_\_\_  
(Applicant Signature)

Date:

**3. DETAILS OF THE GUARANTOR / CO APPLICANT 2**

\*(Please attach separate sheets if there are more Co Applicants in the deal)

KYC Number           (Mandatory for KYC update request)

Name\*

Maiden Name (if any)\*

Spouse Name\*

Father Name\*

Mother Name\*

Date of Birth\*  DD  MM  YY  YY

Marital Status\*  Single  Married  Other

City of Birth\*

Country of Birth\*

Gender\*  Male  Female  Transgender

Religion\*

Proof of Identity\*  Passport  PAN  DL  UID  NREGA  Other No.

Expiry Date (in case of Passport & Driving License)  DD  MM  YY  YY

Proof of Address\*  Passport  PAN  DL  UID  NREGA  Other No.

Simplified Measures Account - Document Type Code

**TO WHOM SO EVER IT MAY CONCERN**

**Category \***  General  SC  ST  OBC

**Education Qualification\***  Literate  Illiterate

**Occupation \***  Service (  Private Sector  Public Sector  Government Sector )  
 Others (  Professional  Self Employed  Retired  Housewife  Agriculturist  Student )  
 Business  
 Not Categorised

**Residential Status\***  Resident Individual  Non Resident Indian  
 Foreign National  Person of Indian Origin

PAN/GIR No.\*  Form 60 (to be filled by those who do not have either a PAN or GIR)

**Citizenship\***  Indian  Others (ISO 3166 Country Code )

**Present Residence Address :**

**Permanent Address:**

Residence / Business

**Village :**  **Taluka / City :**

District :

State :

Pin code :

Mob No.:

State Code :  Country Code

Current Address / Permanent Address / Correspondence Address is same: Yes  No

I do hereby declare that what is stated is true to the best of my knowledge and belief

(Applicant Signature)  Date:  DD  MM  YY  YY

**4. LAND/ASSET DETAILS**

Applicant / Co-Applicant Name	Village	Survey Number	Land Area (Acres)		Area under crop cultivation	Name of crop	Source of irrigation
			Owned	Leased			

**5. DETAILS OF THE FACILITY AND OTHER CHARGES**

ATL Facility Amount ₹ _____ ("Facility")	Nature of the Facility (tick whichever is applicable) KCC <input type="checkbox"/> ATL <input type="checkbox"/>	Tenure KCC <u>    </u> Years ATL <u>    </u> Years	Charges		
			Interest Rate*	ATL I-MCLR-1Y + _____ %	KCC I-MCLR-1Y + _____ %
KCC Facility Amount ₹ _____ ("Facility")			Non refundable Annual Processing Fee		
			Default charges		
			Other charges		

\* Subject to Terms & Conditions

Tear-away acknowledgement (to be given to / retained by the Applicant/s)

FARMER FINANCING FACILITIES – CFA/APPLICATION

Facility Application No. : \_\_\_\_\_

Dear Sir(s)/Madam:

This is to acknowledge receipt of your CFA/Application dated \_\_\_\_\_ along with its \_\_\_\_\_ (no.) Annexures (as attached) Security Mandate and thank you for the same. If considered, our representative/s shall be in touch with you in connection with the same. [ The application will be disposed off within a period of \_\_\_\_\_ days from the time all the necessary documents have been submitted by the Applicant. ] (applicable only for loan upto Rs 2 lacs – if not applicable).

**6. PURPOSE**

Purpose in application form:

- (a) Meeting cost of cultivation
- (b) Dairy
- (c) Irrigation Equipment
- (d) Horticulture Infrastructure
- (e) Others (Please Specify) \_\_\_\_\_

**7. SECURITY / CONTRACTUAL COMFORT: (tick whichever applicable)**

- a. Hypothecation of crops / assets purchased out of the Facility
- b. Security Mandate from Borrower
- c. Collateral

**8. DISBURSEMENT DETAILS: (tick whichever applicable)**

Disbursement to be done in favour of Mr./Ms. \_\_\_\_\_ by way of

Demand Draft  Cheque  EFT

Electronic Fund Transfer Details (if applicable)

BORROWER NAME AS PER BANK ACCOUNT: \_\_\_\_\_

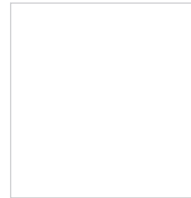
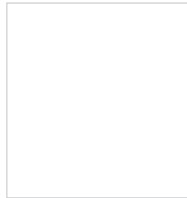
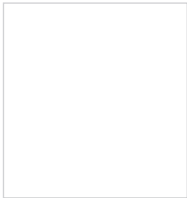
ACCOUNT NUMBER: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

BRANCH NAME: \_\_\_\_\_

IFSC/RTGS CODE OF THE BANK: \_\_\_\_\_

**9. PHOTOGRAPHS & SPECIMEN SIGNATURES**



I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we under take to inform you of any es therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.

I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Signature of the Applicant
Name of Applicant

Signature of the Applicant
Name of Applicant

Signature of the Applicant
Name of Applicant

Date:

Place: \_\_\_\_\_

**10. CHECKLIST OF DOCUMENTS**

- 2 Latest Photographs
- KYC Documents
- Land Documents
- Quotation/Invoice
- Deed of hypothecation
- Security post dated cheques
- Any other documents \_\_\_\_\_

**DECLARATION**

I, \_\_\_\_\_, do hereby record that I have filled this Application on instruction fro the Applicant and he/she has confirmed to me that he/she has understood the contest of the Application. I confirm that whatever I have stated herein above is true and correct to the best of my knowledge ane belief.

Employee Name \_\_\_\_\_  
 Employee Code \_\_\_\_\_  
 Designation \_\_\_\_\_

Signed by Mr./ Ms. \_\_\_\_\_  
 Branch / Location: \_\_\_\_\_

Tear-away acknowledgement (to be given to / retained by the Applicant/s)

**For ICICI Bank Limited :**

ICICI Bank Official / Agent Signature \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Branch / Agent Office Address: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Branch / Agent Stamp: \_\_\_\_\_