

Application Form  
for DCB Micro Home / Business Loan

DCB BANK

☐ DCB Micro Home Loan

☐ DCB Micro Business Loan

Employment: ☐ Salaried ☐ Self Employed

Preferred Mailing Address: ☐ Residence ☐ Office

Application No.:

PLEASE FILL IN BLOCK LETTERS ONLY (In case of more than 3 co-applicants, please fill up new application form)

Application Date: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Personal Details				
	Applicant	Co-applicant 1	Co-applicant 2	Co-applicant 3
<div>Please affix a recent photograph</div> <div>Sign across the photo</div>				
Name:				
Date of Birth:				
Nick Name:				
Relation with Applicant:	Self			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Married
No. of Children/s:				
Father's / Spouse Name:				
Mother's Maiden Name:				
Current Residential Address: (Address, Landmark, City, Pincode, State)				<div>No. of years at current residence:</div>
Ownership of Residence:	<input type="checkbox"/> Self Owned <input type="checkbox"/> Family Owned <input type="checkbox"/> Rented <input type="checkbox"/> Company Owned	<input type="checkbox"/> Self Owned <input type="checkbox"/> Family Owned <input type="checkbox"/> Rented <input type="checkbox"/> Company Owned	<input type="checkbox"/> Self Owned <input type="checkbox"/> Family Owned <input type="checkbox"/> Rented <input type="checkbox"/> Company Owned	<input type="checkbox"/> Self Owned <input type="checkbox"/> Family Owned <input type="checkbox"/> Rented <input type="checkbox"/> Company Owned
Permanent Residence Address: (Address, Landmark, City, Pincode, State)				
Details of Relatives in and around the Village / City				
Name:				
Relation:				
Address:				
Mobile No.:				

	Applicant	Co-applicant 1	Co-applicant 2	Co-applicant 3
Telephone (with STD Code):				
Mobile No.:				
Email ID:				
Educational Qualification:				
Religion:				
Category:	<input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> DT <input type="checkbox"/> NT <input type="checkbox"/> Others	<input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> DT <input type="checkbox"/> NT <input type="checkbox"/> Others	<input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> DT <input type="checkbox"/> NT <input type="checkbox"/> Others	<input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> DT <input type="checkbox"/> NT <input type="checkbox"/> Others
Permanent Account Number (PAN):				
Voter ID No.:				
Aadhaar Card No.:				
Available Asset:	<input type="checkbox"/> Electricity <input type="checkbox"/> TV <input type="checkbox"/> LPG <input type="checkbox"/> Kitchen <input type="checkbox"/> RCC Construction <input type="checkbox"/> Vehicle <input type="checkbox"/> Toilet <input type="checkbox"/> Fan <input type="checkbox"/> Refrigerator			
If LPG is available, Name of LPG company:	<input type="checkbox"/> HP <input type="checkbox"/> Indane <input type="checkbox"/> Bharat Gas <input type="checkbox"/> Reliance <input type="checkbox"/> Super Gas <input type="checkbox"/> Other			
If LPG is available, Please provide the Gas Consumer Number and Bill copy				

### Details of Business / Employment:

	Applicant	Co-applicant 1	Co-applicant 2	Co-applicant 3
Source of Income:	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Daily Wages <input type="checkbox"/> Others	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Daily Wages <input type="checkbox"/> Others	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Daily Wages <input type="checkbox"/> Others	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Daily Wages <input type="checkbox"/> Others
Salaried:	<input type="checkbox"/> Public Ltd. <input type="checkbox"/> Pvt. Ltd. <input type="checkbox"/> PSU <input type="checkbox"/> State Owned <input type="checkbox"/> MNC <input type="checkbox"/> Others	<input type="checkbox"/> Public Ltd. <input type="checkbox"/> Pvt. Ltd. <input type="checkbox"/> PSU <input type="checkbox"/> State Owned <input type="checkbox"/> MNC <input type="checkbox"/> Others	<input type="checkbox"/> Public Ltd. <input type="checkbox"/> Pvt. Ltd. <input type="checkbox"/> PSU <input type="checkbox"/> State Owned <input type="checkbox"/> MNC <input type="checkbox"/> Others	<input type="checkbox"/> Public Ltd. <input type="checkbox"/> Pvt. Ltd. <input type="checkbox"/> PSU <input type="checkbox"/> State Owned <input type="checkbox"/> MNC <input type="checkbox"/> Others
Nature of Business:				
Name of the Concern / Employer:				
Designation:				
Business / Employment Address:				
Telephone (with STD Code):				
No. of years in current Business / Employment:				
No. of employees in Business:				
Details of previous business / Employment:				

### Bank Account Details:

Name of Account Holder	Bank	Branch	Account Operated Since	Account No.	Account Type (SA / CA / OD)

### Existing Relationship with DCB Bank Limited

Loan Account No.	Savings / Current Account No.	Others

### Details of Asset / Income / Expense / Liabilities:

	Applicant	Co-applicant 1	Co-applicant 2	Co-applicant 3
<b>Income:</b>				
Gross Monthly Income	₹	₹	₹	₹
Net Monthly take home	₹	₹	₹	₹
Other Sources	₹	₹	₹	₹
Average Monthly Expense	₹	₹	₹	₹
Monthly Installment you can Pay	₹	₹	₹	₹
<b>Asset:</b>				
Property	₹	₹	₹	₹
Agri Land	₹	₹	₹	₹
Land Holding (acres)				
Motor Vehicle	₹	₹	₹	₹
If yes, Please provide Vehicle registration No.				
LIC	₹	₹	₹	₹
Fixed Deposits	₹	₹	₹	₹
NSC	₹	₹	₹	₹
Provident Fund	₹	₹	₹	₹
Public Provident Fund	₹	₹	₹	₹
Chit Funds / Pygmy Savings	₹	₹	₹	₹
Other Securities / Bonds	₹	₹	₹	₹

### Existing Loans:

If you avail any loan mentioned below:

☐ Home Loan
 ☐ Auto Loan
 ☐ Gold Loan
 ☐ Business Loan
 ☐ Education Loan
 ☐ Personal Loan
 ☐ Loan from Microfinance Institution  
☐ Unsecured Loans from Friends / Relatives
 ☐ Loans from Moneylender / Societies / Trusts
 ☐ Others

Please provide the details:

	Applicant	Co-applicant 1	Co-applicant 2	Co-applicant 3
Name & address of institution from whom loan has been				
Purpose of Loan:				
Balance Outstanding (₹):				
Balance Term (M):				
Balance Repayment (₹):				
Total Liabilities (₹):				

## Property / Security Offered:

[illegible]

Landmark:

[illegible][illegible]

Area of Land:								
---------------	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--

Residential

Commercial

Industrial

	Agri Land
--	-----------

Open Land

Sole

Joint

	Self Occupied
--	---------------

	Rented
--	--------

	Leased
--	--------

	Vacant
--	--------

Under Construction

**Free / Encumbered**  
(If encumbered, Details to be given)

## Loan Details:

--	--

--	--

--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--

[illegible]

Purchase of residential Property for self occupation

Home Construction

Home improvement

Business

Marriage of Children

Education of Children

	Purchase of Durables
--	----------------------

Furnishing of Home

	Furnishing of Office
--	----------------------

--	--	--	--	--	--	--

--	--	--

**Interest Rate:**

Floating

## Fixed and Floating

## Reference Details:

	Reference 1	Reference 2
Name		
Relation:		
Address: (Address, Landmark, City, Pincode, State)		
Telephone (with STD Code):		
Mobile No.:		

## Processing Fee Details:

Processing Fee (non refundable) ₹:

Cheque / DD Number:

Dated:

Drawn on

in favour of DCB Bank Limited

I / We agree to open a Savings / Current Account with DCB Bank Limited (DCB Bank)

☐

Yes

☐

No

DCB Current and Savings Accounts come with a host of benefits such as Free RTGS / NEFT, Payable at Par Cheque Book, Free Phone / Internet / Mobile Banking, Free access to VISA ATMs, Any Branch Banking and much more.

Name

Signature

Applicant

Co-applicant 1

Co-applicant 2

Co-applicant 3

## Services

### SMS Banking & Alert Facility:

Alerts facility enables you to receive alerts on your Email and / or Mobile regarding large debit, large credits, Standing Instruction failure, balance below Account Quarterly Balance and balance update. New alerts may be added from time to time.

☐

I / We don't wish to receive any Bank related promotional calls, SMS alerts or emails.

☐

DCB – On The Go (Mobile Banking)

☐

Phone Banking

Preferred Language Options:

☐

English

☐

Hindi

☐

Marathi

☐

Gujarati

☐

Tamil

☐

Telugu

☐

I / We do not wish to register for DCB On The Go (Mobile Banking). DCB On The Go is an opt out service option, DCB On The Go facilitates the customer to place Requests, gather Account Information and Fund Transfer to DCB / Non DCB Accounts. By availing this customer is accepting the terms and conditions related to DCB On The Go – Instant Mobile Banking updated on [www.dcbbank.com](http://www.dcbbank.com)

### Terms and conditions:

I / We have read, understood and hereby agree to the "Terms and conditions as applicable to my / our account" set forth on DCB Bank Limited ("DCB Bank", "the Bank's") website at [www.dcbbank.com](http://www.dcbbank.com). I / We understand that access to any changes / updates in terms and conditions applicable to this relationship shall be available on the Bank's website only. I / We do hereby declare that information furnished in this Form is true and correct to the best of my / our knowledge and belief. I / We hereby authorise issuance of ATM / Debit Card and provision of Phone Banking, Mobile Banking Services, Internet Banking and Bill Payment Services. I / We are aware of Charges Applicable for various services offered and I / we affirm, confirm and undertake that I / we have read and understood the "Terms and Conditions" for usage of the Phone Banking, Mobile Banking Services, Internet Banking and Bill Payment Services of DCB Bank Limited as set forth in the Bank's website [www.dcbbank.com](http://www.dcbbank.com) and I / we will adhere to all the terms / conditions as applicable from time to time.



### DCB 24-Hour Customer Care

Email [customercare@dcbbank.com](mailto:customercare@dcbbank.com)

Call Toll Free 1800 209 5363

Website [www.dcbbank.com](http://www.dcbbank.com)

# DCB BANK

Please call DCB 24-Hour Customer Care to enquire about your account application status

## Declaration:

1. I / We declare that all the particulars and information and details given / filled in this application form are true, correct, complete and up to date in all respects and that I / we have not withheld any information. Whatsoever and I / we understand and accept that they shall form the basis of any facility DCB Bank Limited (the "Bank") may decide to grant me/us. The Bank has the right to reject the application in case any of the information provided in this application form is found to be false / incorrect / misleading.
2. I / We confirm that there are no insolvency or bankruptcy proceedings or suits for recovery of outstanding dues or monies whatsoever or for attachment of my / our assets or properties and / or any criminal proceedings have been initiated and / or are pending against me / us and that I / we have never been adjudicated insolvent or bankrupt by any Court or other authority.
3. No action nor other steps have been taken or legal proceedings started by or against me / us in any court of law / other authorities for winding up, dissolution, administration or re-organization or for the appointment of a receiver, administrator, administrative receiver, trustee or similar office or for my / our assets.
4. I / We unconditionally authorize the Bank to exchange, share or part with all the information / data or documents and details relating to my / our application and / or existing loans and / or repayment/credit history to other banks, financial institutions, credit bureaus, agencies, statutory/regulatory bodies, etc., as the Bank may deem necessary or appropriate as may be required for use of processing of the said information / data by such person(s).
5. I / We understand, agree and acknowledge that the Bank shall have the absolute discretion, without assigning any reasons, to reject my / our application and that I/we reserve no right to appeal against this decision of the Bank. I/we further agree that the Bank shall not be responsible / liable in any manner whatsoever to me / us for such rejection or any delay in notifying me / us of such rejection and any costs, losses, damages or expenses, or other consequences, caused by reason of such rejection or any delay in notifying me / us of such rejection, of our application.
6. The Bank reserves the right to retain the photographs and documents submitted and will not return the same to the applicant and/or co-applicant.
7. I am / We are neither related to any of the Directors of the Bank nor I am / we are his / her relatives as defined under section 6 r/w. Schedule IA of the Companies Act, 1956.
8. I / We have explained the product features of the loan I / we have applied for. I / We have understood the terms and conditions of Microhousing Home Loan/ Microhousing Business Loan product of the Bank and I / we agree to abide by them.
9. From time to time, the Bank communicates various features / products / promotional offers which offer significant benefits to its customers and may use the services of third party agencies to do so.  
Do you wish to be informed about such benefits?  
☐ I / We expressly authorize the Bank to use information or data relating to me / us, for communicating marketing offers as outlined above.  
☐ I / We do not wish to receive offers as outlined above.
10. I / We understand that Processing Fee and Administrative Fee are non refundable and my / our application being rejected by the Bank for any reason or same being withdrawn by me/us, I / we shall not be entitled to refund of same.
11. I / We undertake to guarantee the loan granted by the Bank to me/us.
12. I / We hereby unconditionally authorise the Bank to make any enquiries with any other finance company / bank / credit bureau / Reserve Bank of India (RBI) / agency/ies appointed by RBI regarding my / our credit history with them.
13. I / We confirm that the funds will not be used for speculative or anti-social purpose.
14. I / We undertake to inform the Bank regarding the change in my/our occupation/employment and to provide any further information and documents that the Bank may require from time to time.
15. I / We agree that my/our facility shall be governed by the terms and conditions of the Bank that are in force and may be amended by the Bank at its absolute discretion from time to time.
16. I / We have understood, acknowledge and agree that a request and demand for any information and documents by any authority under the law will be mandatorily complied with by the Bank.
17. I / We agree as a pre-condition of the facility given to me/us by the Bank and in that case, I/we commit default in the repayment of the facility or in the payment of interest thereon or any of the agreed instalment of the facility on the due date(s), the Bank and/or the Reserve Bank of India (RBI) will have an unqualified right to disclose or publish my/our name (including my/our photograph) as defaulter/s in such manner and through such medium as the Bank or RBI in their absolute discretion may think fit.
18. It will be in order for the Bank to disqualify / deny me/us from receiving any credit facility(ies) from the Bank in case it is proved that the declaration of my/our existing credit facility(ies) made above contains misrepresentation of facts.

Applicant

Signature

Co-applicant 1

Signature

Co-applicant 2

Signature

Co-applicant 3

Signature

## Sourcing Channel:

Name and HRMS Code of Sourcing Employee:

Branch:

Branch Employee name and HRMS Code:

## For Bank Use Only

Loan Application received on \_\_\_\_\_. Processing Fee (cheque / DD) received on \_\_\_\_\_.

Request will be disposed of and acceptance / rejection notification will be mailed within 15 (fifteen) days from the date of the receipt of duly completed application form with all supporting documents, as required by DCB Bank Limited.

Dated:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

\_\_\_\_\_  
Authorised Signatory

335-Ver 1.0-Aug 2013

DCB Bank Limited (Formerly Development Credit Bank Limited)

M019 / Aug 14 / 1.2

## Acknowledgement

Application No.:

Loan Application received on \_\_\_\_\_. Processing Fee (cheque / DD) received on \_\_\_\_\_.

Request will be disposed of and acceptance / rejection notification will be mailed within 15 (fifteen) days from the date of the receipt of duly completed application form with all supporting documents, as required by DCB Bank Limited.

Dated:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

\_\_\_\_\_  
Authorised Signatory

\*Fields are Mandatory



Incase auto renewal is chosen without specifying tenure, additional 1 year auto renewal will be taken as default.

**Group Personal Accident Insurance Plan** (Please tick any one of the below 8 options)

The maximum Sum Insured allowed for any one customer, across one or more policies, should not exceed ₹ 30 Lakhs (standard variant only).

Maximum  
32 characters

**Mandatory**

**Royal Sundaram Alliance Insurance Company Limited.** Sundaram Towers, 45 & 46, Whites Road, Chennai - 600014

The maximum Sum Insured allowed for any one customer, across one or more policies, should not exceed ₹ 30 Lakhs (standard variant only).

Head of State or Central Government

Senior Executive of State or Central-Owned Corporation

Senior Politician

Important Political Party Official

Senior Government / Judicial / Military Officer

Any other Politically Exposed Person

List of hazardous occupations which are not covered in Plan:

Aircraft pilots and crew, Armed Forces personnel, Artistes engaged in hazardous performances, Aerial crop sprayer, Bookmaker (for gambling), Demolition contractor, Explosives users, Fisherman (seagoing), Jockey, Marine salvager, Miner and other occupations underground, Off-shore oil or gas rig worker, Policeman (Full time), Pop Musicians, Professional sports person, Roofing contractors and all construction, maintenance and repair workers at heights in excess of 50 ft. / 15 m, Saw miller, Scaffolder, Scrap metal merchant, Security guard (armed), Steeplejack, Stevedore, Structural steelworker, Tower crane operator, Tree feller, Ship crew, Travel agency business, Air coupon &amp; ticket business.

Declaration:

I hereby opt to enrol under Group Personal Accident Insurance Plan ("Plan"). The terms and conditions of the Plan have been duly explained by DCB Bank Limited (Formerly Development Credit Bank Limited) ("DCB Bank") and I have completely understood the same. I authorize DCB Bank to debit the above chosen premium amount from my DCB Bank Account towards the payment for this Plan. I understand that the insurance cover shall start on 1st day of the succeeding month of the premium amount debit in my DCB Bank Account ("commencement date"). This insurance cover will be valid for a period of 1 (one) year from the commencement date, provided I continue to remain a DCB Bank account holder during this period. I understand, in case auto renewal is chosen without specifying tenure, policy will be auto renewed for a tenure of 1 (one) year by default and applicable premium amount debited from my DCB Bank Account. I also understand that in the event of an admissible claim due to my death, my nominee shall be receiving the claim amount. I understand that DCB Bank shall not have any role in the claim process and the claim shall be processed and settled by Royal Sundaram Alliance Insurance Company Limited ("Royal Sundaram"), as per the claim process stipulated by Royal Sundaram, from time to time. I also understand that the claim shall be processed as per the terms and conditions of the Master Policy No.PADCB00001 issued to DCB Bank by Royal Sundaram.

I hereby declare that the statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and belief.

I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of Royal Sundaram and that the insurance policy will come into force only after full receipt of the premium chargeable.

I further declare that I will notify in writing any change occurring in my occupation or general health after the proposal has been submitted but before communication of the risk acceptance by Royal Sundaram.

I declare and consent to Royal Sundaram seeking medical information from any doctor or from a hospital who at anytime has attended me or from any past or present employer concerning anything which affects my physical or mental health and seeking information from any insurance company to which my application for insurance has been made for the purpose of underwriting the proposal and/or claim settlement.

I authorize Royal Sundaram to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.

This application is for Group Personal Accident Insurance Cover only. It is not a cover for Life Insurance or Mediclaim.

\*Date:

Signature of the Applicant:

Section 41 of the Insurance Act, 1938 – Prohibition of rebates -

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

Cancellation charges applicable in Plan:

Cancellation & Reversal of premium in the same month of premium debit

Less than 1 month from Policy commencement date

Between 1 month and less than 3 months from Policy commencement date

Between 3 months and less than 6 months from Policy commencement date

6 months and above from Policy commencement date

- NIL

- 25% of annual premium amount

- 50% of annual premium amount

- 75% of annual premium amount

- Full annual premium amount

DCB Bank Limited (Formerly Development Credit Bank Limited)

ACKNOWLEDGMENT

Name of the Applicant:

DCB Bank Account Number:

DCB Bank Account Opening Form Number:

Date:

Instruction received to debit ₹ \_\_\_\_\_ from DCB Bank Account towards Group Personal Accident Insurance Premium.

(Note: Certificate of Insurance will be couriered at your mailing address / emailed on your registered Email ID post issuance of the policy. Insurance cover will start on 1st day of succeeding month of the premium amount debit from your Account with DCB Bank)

This application is for Group Personal Accident Insurance Cover only. It is not a cover for Life Insurance or Mediclaim.

Applicant's Signature:

Authorised signatory for DCB Bank:

List of hazardous occupations which are not covered in Plan:

Aircraft pilots and crew, Armed Forces personnel, Artistes engaged in hazardous performances, Aerial crop sprayer, Bookmaker (for gambling), Demolition contractor, Explosives users, Fisherman (seagoing), Jockey, Marine salvager, Miner and other occupations underground, Off-shore oil or gas rig worker, Policeman (Full time), Pop Musicians, Professional sports person, Roofing contractors and all construction, maintenance and repair workers at heights in excess of 50 ft. / 15 m, Saw miller, Scaffolder, Scrap metal merchant, Security guard (armed), Steeplejack, Stevedore, Structural steelworker, Tower crane operator, Tree feller, Ship crew, Travel agency business, Air coupon & ticket business.

Cancellation charges applicable in Plan:

Cancellation & Reversal of premium in the same month of premium debit

Less than 1 month from Policy commencement date

Between 1 month and less than 3 months from Policy commencement date

Between 3 months and less than 6 months from Policy commencement date

6 months and above from Policy commencement date

- NIL

- 25% of annual premium amount

- 50% of annual premium amount

- 75% of annual premium amount

- Full annual premium amount

Royal Sundaram Alliance Insurance Co. Ltd.

Call 1860 425 0000

Write customer.services@royalsundaram.in

Visit www.royalsundaram.in

DCB 24-Hour Customer Care

Email customercare@dcbbank.com

Call Toll Free 1800 209 5363

Website www.dcbbank.com

DCB Bank Limited (Formerly Development Credit Bank Limited)

8



# APPLICATION FORM

No.

Please mention DCB Bank Limited Home Application No. Mandatory\*

## Customer Information - Part A

The proposal form is to be filled in by the applicant. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable

**Loan Account No. (LAN) - mandatory:** \_\_\_\_\_ **Customer ID:** \_\_\_\_\_

**Gender:** ☐ Male ☐ Female ☐ Third Gender **Status of the Applicant:** ☐ Loan Applicant ☐ Co-applicant **Funded** ☐ **Non Funded** ☐

**Occupation:** ☐ Salaried ☐ Self-employed

**Name of the Applicant (Loan Applicant / Co-applicant to be Insured):** Mr. / Mrs. / Ms. \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Pincode:** \_\_\_\_\_

**Mobile No.:** | | | | | | | | | | | | | | | | **Email ID.:** \_\_\_\_\_

**Nominee Name:** \_\_\_\_\_ **Relationship of nominee with applicant** \_\_\_\_\_

**Type of Loan to be insured: HOME LOAN / LAP** **Loan Tenure:** ☐ ☐ years **Policy Tenure:** ☐ ☐ years

**Date of Birth:** | | | / | | | / | | | | **Loan Amount (Rs.):** \_\_\_\_\_

**Premium Amount:** \_\_\_\_\_ **Sum Insured** \_\_\_\_\_ **Cheque Amount:** \_\_\_\_\_ **PAN No.:** | | | | | | | | | |

**Cheque No.:** \_\_\_\_\_ **Cheque Name:** \_\_\_\_\_ **Cheque Date:** | | | / | | | / | | | |

## Group Secure Mind - Part B

### Table of Benefits:

Age Group	Coverage	SI Basis
20 - 45 Years	Benefit A: Major Medical Illness & Procedure	Fixed (Loan Sanction Amount)
	Benefit B: Personal Accident	
	Benefit C: Loss of Job	3 EMI's
46 - 50 Years	Benefit A: Major Medical Illness & Procedure	Reducing (Principal Out-Standing)
	Benefit B: Personal Accident	
	Benefit C: Loss of Job	3 EMI's

**\* Benefit - C:** Loss of Job is only available for Salaried employees: In case the proposed individual is not a salaried employee, he/she is eligible for 2% discount

Sum Insured under Benefit - A or B cannot exceed loan sanction amount. The Sum Insured basis is fixed for the age group 20 - 45 years and Reducing for age group between 46 to 50 years.

**Please tick appropriate box under the table of illness in case the person applicant for insurance**

i. has either been diagnosed of or is suffering from or has any symptoms pertaining to, or ii. has undergone any of the below mentioned major medical illness and procedures

### Table of Illness:

☐ Myocardial Infarction (Heart Attack) ☐ Stroke ☐ Coronary Artery Bypass Surgery ☐ End stage Renal Failure

☐ Cancer ☐ Multiple Sclerosis ☐ Heart valve Replacement ☐ Paralysis ☐ Major Organ Transplant

Please provide the name(s) and details about any illness or medical condition that the applicant is currently suffering from or may have suffered in the past or any surgery which he/she may have undergone.

### Declaration:

I hereby declare and confirm that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance for myself or any other person to be insured that has not been disclosed to you. I agree that this application and the declarations shall be the basis of the contract between DCB Bank Limited and ICICI Lombard General Insurance Company Ltd and I agree to accept a policy, subject to the conditions prescribed by ICICI Lombard General Insurance Company Ltd.

I hereby apply for this Insurance Policy issued to me by ICICI Lombard General Insurance Company Ltd, subject to all terms, conditions and provisions of the policy.

I have read, understood & accepted the assignment clause mentioned overleaf and the assignee for this Application Form would be DCB Bank Limited

I have read and understood the product content and the Terms & conditions as mentioned overleaf and confirm to abide by them.

**Dated :** \_\_\_\_\_ **Place :** \_\_\_\_\_ **Applicant Signature :** \_\_\_\_\_ Please turn overleaf for Terms & conditions

## Home Insurance - Part C

**Loan Account No. (LAN) - mandatory:** \_\_\_\_\_

**Property Type:** ☐ Residential ☐ Commercial **Nature of Commercial Property:** ☐ Shop ☐ Hotel ☐ others (Please Specify) \_\_\_\_\_

**Hypothecated To:** \_\_\_\_\_

### Table of Benefits:

Type of Cover	Coverage Amount	Excess
Home : Structure: Earthquake + Fire	Sum Insured	Fire-For Act of God perils: first 5% of each and every claim amount subject to minimum of 10,000. Non Act of God perils-10,000 for each and every loss.* *No Excess applicable for Residential Buildings
Home : Contents: Fire + Earthquake + Burglary	40% of Sum Insured (Jewellery coverage is for maximum Rs. 1 Lakh or 25 % of the sum insured whichever is Lower)	
		Burglary - 10,000 for each and every loss or 5% of claim amount which ever is higher

\*For commercial property type, the policy tenure is 1 Year

**Name of the Applicant to be covered Mr. / Mrs. / Ms. :** \_\_\_\_\_

**Mobile No.:** | | | | | | | | | | | | | | | | **Email ID.:** \_\_\_\_\_

**Address of Risk Location:** \_\_\_\_\_

**District** \_\_\_\_\_ **State** \_\_\_\_\_ **Pin code** \_\_\_\_\_ **Age of the Building (in yrs)** \_\_\_\_\_

**No. of the Floors in the Building** \_\_\_\_\_ **Loan Tenure:** \_\_\_\_\_ **Policy Tenure:** \_\_\_\_\_

**Loan Amount (₹):** \_\_\_\_\_

### Declaration:

I hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance for myself or any other person to be insured that has not been disclosed to you. I agree that this application and the declarations shall be the basis of the contract between me and ICICI Lombard General Insurance Company Ltd and I agree to accept a policy, subject to the conditions prescribed by ICICI Lombard General Insurance Company Ltd.

I hereby apply for this Insurance Policy issued to me by ICICI Lombard General Insurance Company Ltd, subject to all terms, conditions and provisions of the policy.

I have read and understood the product content and the Terms & conditions as mentioned overleaf and confirm to abide by them.

**Dated :** \_\_\_\_\_ **Place :** \_\_\_\_\_ **Applicant Signature :** \_\_\_\_\_ Please turn overleaf for Terms & conditions

## Part D - Group Personal Accident Data Sheet (For age group 51 - 65 years only)

No.	Coverage	Sum Insured
Section I	Accidental Death / Permanent Total Disablement	As per mention in Part A

**Note : a.** The maximum liability of insurer is restricted to a maximum of Sum Insured as mentioned above for Section I.

**b.** The above covers would not be applicable for persons occupied in underground mines, explosives and electrical installations on high tension lines. DCB Bank Limited. reserves the rights to discontinue the scheme at its option without any intimation.

**Declaration:** I hereby declare and warrant that the above statements are true and complete in all respects and there is no other information which is relevant to my application for insurance for myself that has not been disclosed to you. I agree that this proposal and the declarations shall be the basis on which insurance cover shall be issued to me. I have read and understood the coverage under the policy and the Terms and Conditions governing the same. I agree to accept the policy, subject to the conditions prescribed by ICICI Lombard General Insurance Co. Ltd. I hereby apply for coverage under the

I have read and understood the Terms & conditions as mentioned overleaf and the product content and confirm to abide by them.

**Dated:** \_\_\_\_\_ **Place:** \_\_\_\_\_ **Applicants Signature:** \_\_\_\_\_ Please turn overleaf for indicative Terms & conditions

## Part-B

### Declaration

I understand that the insurance coverage will commence not earlier than the date of disbursement of loan as referred overleaf or the after full premium is received by ICICI Lombard General Insurance Co. Ltd whichever is later subject to underwriting approval by ICICI Lombard General Insurance Company Ltd. Receipt of application form by ICICI Lombard General Insurance Company Ltd shall not be construed as acceptance of my application. The company in its sole discretion reserves the right to accept or reject any proposal without assigning any reason thereof.

I understand & agree that no benefit under the policy shall be payable for any major medical illness event or procedure which results due to any pre-existing illness or symptom or which is diagnosed within 90 days of policy inception day.

I authorise any physician, nurse, hospital official or employee or any person/institution to disclose to the ICICI Lombard General Insurance Company Ltd all information regarding my medical history and also confirm that the company will have full right to ask for any medicals. I also confirm and agree that the person applied for Insurance will submit to a medical examination by the Company's nominated Doctor or undergo diagnostic or other medical tests as often as the Company considers necessary, in its sole discretion I agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the application form/personal statement, declaration and connected documents, or any material information has been withheld by me or anyone acting on my/our behalf to obtain any benefit under this Policy.

I have read and understood the policy terms & conditions and agree to abide by them.

### Terms & Conditions

In case of any claim made under the policy no premium shall be refunded on cancellation of the policy.

For applicants applying for insurance policy before commencement of the disbursement of loan :

- The policy coverage shall commence from the date of the payment or loan disbursement date, whichever is later.
- The aggregate of Sum Insured opted by the applicants(s) under the same LAN (loan application number) cannot exceed the loan sanctioned amount.
- For applicants applying for insurance policy at any time after commencement of the disbursement of loan : • The policy shall commence on or after the date of payment.
- The aggregate of Sum Insured opted by the applicants(s) under the same LAN (loan application number) cannot exceed the principal outstanding as on the date of last EMI due prior to the date of payment.

The proposed insurance coverage is subject to realization of full premium amount by the company. For sum Insured opted on reducing balance basis the cover is available for loan tenure or the full pre-payment of the loan which ever is earlier, subject to a maximum of 5 years but not beyond policy end date. In case of cancellation of policy, premium shall be refunded on short premium basis.

I/We hereby agree and confirm that if the amount realized by the insurer is less than the premium payable for sum proposed for insurance or scope of cover desired by me/us, the proposal shall be considered for acceptance for a reduced sum appropriate to the premium realized by the insurer and the Policy shall be finalized accordingly.

For Sum Insured opted on Fixed Sum Insured basis, the cover is available for loan tenure or the full prepayment of the loan whichever if earlier, subject to a maximum of 5 years but not beyond policy end date.

### Assignment Clause:

It is hereby declared and agreed that:

- from the Policy Start Date, the monies payable by the Company to the Insured and all rights, title, benefits and interest of the Insured under this Policy stand assigned in favour of DCB Bank Limited
- upon any monies becoming payable under this Policy the same shall be paid by the Company to the DCB Bank Limited without any reference / notice to the Insured, but not exceeding the Principal Outstanding as defined under the Policy. In the event of any monies payable under this Policy exceeding the Principal Outstanding, the Company shall pay such monies as exceeding the Principal Outstanding to the Insured;
- the receipt of such monies in the manner aforesaid by the DCB Bank Limited Shall completely discharge the Company from all liability under the Policy and shall be binding on the Insured and the heirs, executors, administrators, successors or legal representatives of the Insured, as the case may be.

## Part-C

### Declaration

I understand that the insurance coverage will commence not earlier than the date of disbursement of loan as referred overleaf or after the full premium is received by ICICI Lombard General Insurance Co. Ltd whichever is later subject to underwriting approval by ICICI Lombard General Insurance Company Ltd. Receipt of proposal form by ICICI Lombard General Insurance Company Ltd shall not be construed as acceptance of my proposal. The company in its sole discretion reserves the right to accept or reject any proposal without assigning any reason thereof.

I also confirm and declare that the persons whose details have been mentioned in this proposal for coverage are the applicant(s) of the loan whose details have been mentioned in the proposal form.

I confirm that I have voluntarily participated for this policy and am aware that the Bank Products are available without this policy as well.

I authorize the Company and their agents to exchange, share or part with all the information provided to other Agencies/ Statutory Bodies as may be required and I/We will not hold the Company and their agents liable for use of this information.

I agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me or anyone acting on my/our behalf to obtain any benefit under this Policy.

### Terms & Conditions

For commercial loans, the cover is available only for one year

Warrant that hazardous goods not stored

Structure cover is applicable only for completed construction. For properties under construction, the cover gets activated on completion of construction for Contents cover, the coverage amount is 40% of the sum insured (Jewellery coverage is for Max. Rs. 1,00,000/- or 25% of the sum insured which ever is lower), This cover will not be applicable for commercial loans

In case of any claim made under the policy no premium shall be refunded on cancellation of the policy. In case of cancellation of policy, premium shall be refunded on Pro-Rata basis.

I/We hereby agree and confirm that if the amount realized by the insurer is less than the premium payable for sum proposed for insurance or scope of cover desired by me/us, the proposal shall be considered for acceptance for a reduced sum appropriate to the premium realized by the insurer and the Policy shall be finalized accordingly.

For proposers applying for insurance policy before commencement of the disbursement of loan : • The policy coverage shall commence from the date of the payment or loan disbursement date, whichever is later. • The aggregate of Sum Insured opted by the applicants(s) under the same LAN (loan application number) cannot exceed the loan sanctioned amount.

For proposers applying for insurance policy at my time after commencement of the disbursement of loan : • The policy shall commence on or after the date of payment. • The aggregate of Sum Insured opted by the applicants(s) under the same LAN (loan application number) cannot exceed the principal outstanding as on the date of last EMI due prior to the date of payment.

The proposed insurance coverage is subject to realization of full premium amount by the company, subject to agreed bank clause

### Main Exclusions

Any loss arising out of any act of Terrorism, Losses arising out of Theft, Any loss due to direct or indirect involvement of Insured, Any loss due to Electrical/mechanical breakdown. Cash, Money and Monetary instruments excluded from covers in the policy.

Intentional self-injury, suicide or attempted suicide, any loss whilst under the influence of intoxicating drugs or liquor, war, nuclear war, any loss arising from an act made in breach of law with or without criminal intent.

## Part D

### Declaration

I/We, the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

I/We authorize the Company and their agents to exchange, share or part with all the information provided to other Agencies/Statutory Bodies as may be required and I/We will not hold the Company and their agents liable for use of this information

### Terms & conditions

In case of any claim made under the policy no premium shall be refunded on cancellation of the policy.

For proposers applying for insurance policy before commencement of the disbursement of loan :

- The policy coverage shall commence from the date of the payment or loan disbursement date, whichever is later.

For proposers applying for insurance policy at any time after commencement of the disbursement of loan :

- The policy shall commence on or after the date of payment.
- The aggregate of Sum Insured opted by the applicants(s) under the same LAN (loan application number) cannot exceed the principal outstanding as on the date of last EMI due prior to the date of Payment.

I agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me or anyone acting on my/our behalf to obtain any benefit under this Policy.

### Main Exclusions

Intentional self-injury, suicide or attempted suicide, any loss whilst under the influence of intoxicating drugs or liquor, war, nuclear war, any loss arising from an act made in breach of law with or without criminal intent.

I/ we hereby agree and confirm that if the amount realised by the insurer is less than the premium payable for sum proposed for insurance or scope of cover desired by me/us, the application shall be considered for acceptance for a reduced sum appropriate to the premium realised by the insurer and the policy shall be finalized accordingly.

### Assignment Clause

It is hereby declared and agreed that:

- from the Policy Start Date, the monies payable by the Company to the Insured and all rights, benefits and interest of the Insured under this Policy stand assigned in Favour of DCB Bank Limited.
- Upon any monies becoming payable under this Policy the same shall be paid by the Company to the DCB Bank Limited without any reference/notice to the Insured, but not exceeding the Principal Outstanding as defined under the Policy. In the event of any monies payable under this Policy exceeding the Principal outstanding, the Company shall pay such monies as exceeding the Principal outstanding to the Insured;
- the receipt of such monies in the manner aforesaid by the DCB Bank Limited Shall completely discharge the Company from all liability under the Policy and shall be binding on the Insured and the heirs, executors, administrators, successors or legal representatives of the Insured, as the case may be.

### STATUTORY WARNING: PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938)

- No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property, in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
- Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.

**Registered Office :** ICICI Lombard General Insurance Company Limited, ICICI Bank Towers, Bandra Kurla Complex, Mumbai - 400 051.

**Mailing Address:** ICICI Lombard General Insurance Company Limited, Zenith House, Keshavnagar Khadye Marg, Opp. Race Course, Mahalaxmi, Mumbai - 400 034.

Visit us at [www.icicilombard.com](http://www.icicilombard.com) Mail us at [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com)

**Now One Number for all your Insurance needs: 1800 209 8888 (Toll Free also accessible from your mobile phone)**

Insurance underwritten by ICICI Lombard General Insurance Co. Ltd. Insurance is the subject matter of the solicitation. Misc 17, Misc 13, Misc 65, Misc 05. IRDA Reg. No.115

For complete details on coverage's, terms & conditions & exclusions, Please refer to policy wordings (available on request)

I hereby authorize DCB Bank Limited to cancel my policy/policies and receive the premium refunded by ICICI Lombard thereof on my behalf.

I further agree and understand that all such refunds shall be made subject to the terms and conditions of policy/policies and refund of premium by ICICI Lombard to DCB Bank Limited, Shall absolve ICICI Lombard from any and all liabilities arising out of the said policy/policies

Signature of Proposer\_\_\_\_\_