KERALA BANK
Kerala State Co-operative Bank
(A Scheduled Bank)

PB No - 6515, Co - Bank Tower
Vikas Bhavan P.o, Palayam
Thiruvananthapuram
Pincode - 695 033

APPLICATION TO BE SUBMITTED BY SHG/NHG/JLG TO LINK BRANCH WHILE APPLYING FOR KB-MICROFINANCE LOAN ASSISTANCE

Name of the Self Help Group/Neighbourhood Group/ Joint Liability Group	
Address	
Formed/Established on	
Registered / Affiliated : Yes / No If registered, furnish true copy of the registration / affiliation certificate	
Date of Registration	
Registration Number	
Number of members in the Group	
Credit history of members (specify the defaulted member, if any):	
Name of Government/ Non Government Organisation (NGO /CDS) any other agencies assisting the Group, if any	

To,
The Branch Manger
Kerala State Co-operative Bank Ltd.

Branch .....

Place: .....

Date : .....

Sir,

APPLICATION FOR LOAN:

We, the duly authorized representatives of the above SHG/NHG/JLG hereby apply for Loan aggregating Rs._____ (Rupees __ _____ only) for on-lending to our members. The financial particulars of the group as on _____ (date), the purpose of loan assistance of each member are given in enclosed sheets.

REPAYMENT SCHEDULE:

1. We agree to repay the loan amount as per the repayment schedule which may be fixed by the bank.
2. A copy of the Inter-se Agreement executed by all the members of the group authorizing us inter alia to borrow on behalf of the SHG/NHG/JLG is enclosed.
3. A detailed project report with anticipatory income in future is enclosed herewith (if applicable).
4. We hereby declare that the particulars given above are true and correct to the best of our knowledge and belief.
5. We hereby authorize the Bank to disclose all or any particulars or details or information relating to our loan accounts with the Bank to any other financial institution including NABARD, Government or any agency as may be considered necessary or desirable by the bank. It will be in order for the Bank to disqualify the SHG/NHG/JLG from receiving any credit facilities from the bank and/or recall the entire loan amount or any part there of granted on this application, if any of the information pertaining to the Group, furnished herewith is found incorrect and/or containing misrepresentation of facts.

Yours faithfully

1. 2.

Name of the SHG/NHG/JLG :

(Authorized Representatives)

Financial Particulars as on: .....

Sl.No.	Particulars	Amount (in Rs.)
1.	Savings from members	
2.	Seed money from SHPI/NGO/VA or any other agencies, if any	
3.	Borrowings outstandings (please specify source)	
4.	Loans outstanding against members	
5.	Amount in default, if any, against members	
6.	Recovery percentage	
7.	Cash/Bank balance	
8.	Any other remarks	
9.	Committee Resolution	

Name of SHG/NHG /JLG	
Committee meeting Number	
Number of participants	
Committee resolution number	

Sl. No.	Name of member, address with phone number	Purpose of loan assistance	Recommended loan amount	remarks
1				
2				
3				
4				
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10				
11				
12				
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14				
15				
16				
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18				
19				
20				

Secretary:
(Signature of Authorized Representatives)

President:

ACKNOWLEDGEMENT

Received loan application of ..... for credit of Rs...../

Signature of Applicant:

Place: .....

Date: .....

(Signature of BM/ Bank Representative)