	DUSING NANCE	APPLICATION	FORM	Application Application LAP	Date: DDMMYY
Existing Customer : If y	ves, Loan No	Loan Amount: Lacs Te	nure: Months	BT: ✓ FI Name	
*LAP/ HL LA	P Residential L/P Commercial	HL Unc	chase (New) der Construction rovement/ Expansion	HL Purchase (Re HL Plot + Constr	e-sale) HL Top UP
		Applicant's Details (In Blo	ck Letter)		
*Name:	Individual	Non Individual	* Relationship with Co-	Applicant	
*Mother's Maiden Name *Line 1:  *Line 2:  *Landmark:		City:			Affix a latest coloured photograph
*Dist:  *Pin Code:  *Mobile No.:  *Present Residence:	*E-ma	State:  il ID Phone No. Phone No. Rented	Others		Cross signed
*Present Residence Size		+ BHK	1 BHK Studio	* Resid	ing Since: Years
*Line 1:  *Line 2:  *Landmark:  *Dist:		City:		Pin	Code:
*Religion: Hin		ST ST	OBC Buddh	EWS Christian e of Marriage:	Others
*Mailing Address: Re	sidence	oint with Parents	Joint with Relatives Permanent		Others
*Qualification: Post  *Aadhaar Card No.: Passport No.: Pre Owned Asset (New):	Expiry Da	raduate	eense No.:	PAN No: Expiry Pre Owned Assets	Others  Date: D D M M Y Y  Old): 4W 2W
*Occupation Category: *Employer/ Business Nar *Address:	Salaried (Ba		Self Employ		Employed Professional
*Landmark:*Dist:*Official Mobile No.:			E-mail ID:	W 45 VI 172 SE COMMO	Code:
* Distance - Current Res	sidence and Work Place	e: KM * Distar	ce - Proposed Reside	nce and Work Place	e: KM
*Employer: Go	ovt. PSU	MNC	Public Ltd	Pvt. Ltd.	Others

Doctor (MBBS)

Vocational

\*Work Place Size :

Gumasta/ Shop & Establishment No: \_

Pvt Ltd

Date of Incorporation:

Others

\* No of Employees:

Others

Sq Ft.

SENP / SEP

\*If Business:

\*Legal Status:

\*Work place:

Business Ids:

\*If Professional:

\*Business Profile:

CA

Trader

Individual

Owned

GST No:

\*Current workplace Stability: Y Y - M M

ICWA/ CS

Proprietor

Family Owned

Manufacturer

Engineer

Partnership

TAN No:

Rented > 3 Yrs

Service Provider

\* Total Experience: Y Y - M M

LLP

Rented < 3 Yrs

Father's / Spouse Name:
**Mother's Maiden Name:
"Line 2:
"Line 2:
"Line 2:
Present Residence:
Present Residence Size:   2 + BHK   3 + BHK   1 BHK
*Line 1:  *Line 2:  *Landmark:  *Date of Birth:  *Date of
*Date of Birth: D D M M Y Y Y Y * *Gender: Male Female *Mother Tongue
*Date of Birth: D D M M Y Y Y Y * *Gender: Male Female *Mother Tongue
*Date of Birth: D D M M Y Y Y Y * *Gender: Male Female *Mother Tongue
*Date of Birth: D D M M Y Y Y Y * *Gender: Male Female *Mother Tongue
*Date of Birth: D D M M Y Y Y Y * *Gender: Male Female *Mother Tongue
*Category: General SC ST OBC EWS Others  *Religion: Hindu Muslim Jain Buddh Christian Others  *Marital Status: Married Single Others Date of Marriage: Do M.M. Y.
*Religion: Hindu Muslim Jain Buddh Christian Others  *Marital Status: Married Single Others Date of Marriage: Domestin Muslim Joint with Parents Joint with Relatives Others  *Mailing Address: Residence Office / Work Permanent  *Mailing Address: Residence Office / Work Permanent  *Addhaar Card No.: Post Graduate Graduate HSC SSC Vocation Others  *Pre Owned Asset (New): Real Estate 4W 2W Others Pre Owned Assets (Old): 4W 2W   *Occupation Category: Salaried (Bank) Salaried (Cash) Self Employed Self Employed Professional  *Landmark: City: Pinc Code: KM  *Distance - Current Residence and Work Place: KM  *Distance - Current Residence and Work Place: KM  *Distance - Proposed Residence and Work Place: KM  *Employer: Govt. PSU MNC Public Ltd Pvt. Ltd. Others  *Temployer: Govt. PSU MNC Public Ltd Pvt. Ltd. Others  *If Professional: CA ICWA/ CS Engineer Doctor (MBBS) Vocational Others  *If Business: Trader Manufacturer Service Provider
*Marrital Status: Married   Single   Others   Date of Marriage:   D   M   M   Y   Y   Y   Y   Y   Y   Y   Y
Passport No.: Expiry Date: D D M M Y Y Driving License No.: Expiry Date: D D D M M Y Y Driving License No.: Expiry Date: D D D D D D D M M Y Y Driving License No.: Expiry Date: D D D D D D D D D D D D D D D D D D D
Passport No.: Expiry Date: D D M M Y Y Driving License No.: Expiry Date: D D D M M Y Y Driving License No.: Expiry Date: D D D D D D D M M Y Y Driving License No.: Expiry Date: D D D D D D D D D D D D D D D D D D D
Passport No.: Expiry Date: D D M M Y Y Driving License No.: Expiry Date: D D D M M Y Y Driving License No.: Expiry Date: D D D D D D D M M Y Y Driving License No.: Expiry Date: D D D D D D D D D D D D D D D D D D D
Passport No.: Expiry Date: D D M M Y Y Driving License No.: Expiry Date: D D D M M Y Y Driving License No.: Expiry Date: D D D D D D D M M Y Y Driving License No.: Expiry Date: D D D D D D D D D D D D D D D D D D D
Passport No.: Expiry Date: D D M M Y Y Driving License No.: Expiry Date: D D D M M Y Y Driving License No.: Expiry Date: D D D D D D D M M Y Y Driving License No.: Expiry Date: D D D D D D D D D D D D D D D D D D D
Passport No.:Expiry Date: _D _D _M _M _Y Y _Driving License No.:Expiry Date: _D _D _M _M _Y Y
*Pre Owned Asset (New): Real Estate 4W 2W Others Pre Owned Assets (Old): 4W 2W  *Occupation Category: Salaried (Bank) Salaried (Cash) Self Employed Self Employed Professional  *Employer/ Business Name:  *Address:  *Landmark:  *Dist:  *Mobile No.: Phone No.  *Distance - Current Residence and Work Place: KM * Distance - Proposed Residence and Work Place: KM  *Employer: Govt. PSU MNC Public Ltd Pvt. Ltd. Others  *Designation: Dept. Employee Code: *Date of Joining: D M M Y Y Work Exp.: Yrs  *If Professional: CA ICWA/ CS Engineer Doctor (MBBS) Vocational Others  *If Business: Trader Manufacturer Service Provider
*Occupation Category: Salaried (Bank) Salaried (Cash) Self Employed Self Employed Professional  *Employer/ Business Name:  *Address:  *Landmark:  *Dist:  *Mobile No.:  *Distance - Current Residence and Work Place: KM  *Employer: Govt. PSU MNC Public Ltd Pvt. Ltd. Others  *Designation: Dept. Employee Code: *Date of Joining: D M M Y Y Work Exp.:: Yrs  *If Professional: CA ICWA/CS Engineer Doctor (MBBS) Vocational Others  *If Business: Trader Manufacturer Service Provider
*Employer/ Business Name:  *Address:  *Address:  *Landmark:  *Dist:  *Dist:  *Distance - Current Residence and Work Place:  *Mobile No.:  *Distance - Current Residence and Work Place:  *Distance - Current Residence and Work Place:  *Dept.  *Employer:  *Designation:  *Designation:  *Designation:  *Designation:  *If Professional:  *If Professional:  *If Business:  *Trader  *Trader  *Trader  *Trader  *City:  *Distance - Proposed Residence and Work Place:  *KM  *Distance - Proposed Residence and Work Place:  *Mobile No.:  *Designation:  *Designation:  *Dept.  *Dept.  *Dept.  *Dept.  *Dept.  *Dept.  *Dept.  *Doctor (MBBS)  *If Business:  *Trader  *Manufacture Service Provider
*Address:  *Landmark:  *Dist:  *Mobile No.:  *Distance - Current Residence and Work Place:  *Designation:  *Designation:  *Designation:  *Dept.  Employee Code:  *Date of Joining:  *Doctor (MBBS)  Vocational  Others  *If Professional:  *If Business:  Trader  Manufacturer  Service Provider
*Landmark:  *Dist:  *Dist:  *Distance - Current Residence and Work Place:  *Employer:  Govt.  *Designation:  *Designation:  *If Professional:  CA  ICWA/ CS  Engineer  Manufacturer  Service Provider  *Address:  *Landmark:  *Distance - City:  Pin Code:  *E-mail ID:  *E-mail ID:  *E-mail ID:  *E-mail ID:  *E-mail ID:  *Ustance - Proposed Residence and Work Place:  KM  *Distance - Proposed Residence and Work Place:  *Mobile No.:  *Designation:  Dept.  Employee Code:  *Date of Joining:  *Ustance - Proposed Residence and Work Place:  *If Professional:  CA  ICWA/ CS  Engineer  Doctor (MBBS)  Vocational  Others  *If Business:  Trader
*Mobile No.:  * Distance - Current Residence and Work Place:  * Distance - Current Residence and Work Place:  * Employer:  * Govt.  * PSU  MNC  Public Ltd  Pvt. Ltd.  Others  * Designation:  Dept.  Employee Code:  * Date of Joining:  * Doctor (MBBS)  Vocational  Others  * If Business:  Trader  Manufacturer  Service Provider
*Mobile No.:  * Distance - Current Residence and Work Place:  * Distance - Current Residence and Work Place:  * Employer:  * Govt.  * PSU  MNC  Public Ltd  Pvt. Ltd.  Others  * Designation:  Dept.  Employee Code:  * Date of Joining:  * Doctor (MBBS)  Vocational  Others  * If Business:  Trader  Manufacturer  Service Provider
*Mobile No.:  * Distance - Current Residence and Work Place:  * Distance - Current Residence and Work Place:  * Employer:  * Govt.  * PSU  MNC  Public Ltd  Pvt. Ltd.  Others  * Designation:  Dept.  Employee Code:  * Date of Joining:  * Doctor (MBBS)  Vocational  Others  * If Business:  Trader  Manufacturer  Service Provider
* Distance - Current Residence and Work Place: KM * Distance - Proposed Residence and Work Place: KM  *Employer: Govt. PSU MNC Public Ltd Pvt. Ltd. Others  *Designation: Dept. Employee Code: *Date of Joining: DMMYY Work Exp.: Yrs  *If Professional: CA ICWA/CS Engineer Doctor (MBBS) Vocational Others  *If Business: Trader Manufacturer Service Provider
*Employer: Govt. PSU MNC Public Ltd Pvt. Ltd. Others Pbesignation: Dept. Employee Code: *Date of Joining: DMMYY Work Exp.: Yrs  *If Professional: CA ICWA/CS Engineer Doctor (MBBS) Vocational Others  *If Business: Trader Manufacturer Service Provider
*If Professional: CA ICWA/ CS Engineer Doctor (MBBS) Vocational Others  *If Business: Trader Service Provider
*If Professional: CA ICWA/ CS Engineer Doctor (MBBS) Vocational Others  *If Business: Trader Service Provider
*If Business: Trader Manufacturer Service Provider
*If Business: Trader Manufacturer Service Provider
*Legal Status: Individual Proprietor Partnership IIID Dut I M Othors
EDUCATION FOR THE PROPERTY OF
*Work place: Owned Family Owned Rented > 3 Yrs Rented < 3 Yrs *Work Place Size: Sq Ft.
*Current workplace Stability: Y Y - M M * Total Experience: Y Y - M M * No of Employees:
Business Ids: GST No: TAN No: Gumasta/ Shop & Establishment No:
Income / Assets / Liabilities Details  Immovable Property: Gross Family Income: Combined
Company and the company and th
HOUSODOID EVOCOCOCO
Others: Combined
Thousehold Expenses.
Others:
Others:
Others: Plant & Machinery: Total:  S.No Loan Type Applicant/Co-Applicant Bank Name Loan Amount EMI Amount Balance O/S Tenor Paid Balance Tenor
Others:
Others:

				Annual Control of the
CLSS	Dependent 1	Dependent 2	Dependent 3	Dependent 4
Name				
Relationship				
Age				
Income				
Occupation				
Marital status				
Phone No.				
Aadhar Card				
Adulai Calu				
Property selected:  Property Address:  Landmark:  Dist:  Project Name:	Yes No Ownership		Is Owner Female  City:	Age of Property: Years
Property Owner		*End Use	Plans/ Permission Status	Nature of Home Improvement/ Extention
Property Owner		Lilu ose	Fians/ Fermission Status	Nature of Fiorne Improvement Extention
0.63		Self Use	Approved	Addl. Storage/ Utility Addl. Floor
2. —		Part Rent	Not Approved	Addl. 1 Room Structure Change
877		Rent	Plans Drawn	Maintenance Fumiture/ Woodwork
4.		Investment	In Process	Expected Cost: Lacs
5				Extention Area % to Original Area
Land Area: Occupancy: Self O * Estimated Construction	ccupied Vacant F	uild Up Area:	alde:	Stage: Ready Underconstruction  Stage of Construction: %  start date: DDD-MM-YYYYY
Occupancy: Self O	ccupied Vacant F		alte:	Stage of Construction:
Occupancy: Self O  * Estimated Construction  Purchase Cost  Agreement Value  Cost of construction / External	ension Charges / Improvement		alte:	Stage of Construction:
Occupancy: Self O  * Estimated Construction  Purchase Cost  Agreement Value  Cost of construction / Extending  Stamp duty / Registration  LAP End Use	ension Charges / Improvement  Business  Debt C	Rented Property Vi	* Construction  Savings  Friends  Children Education	Stage of Construction: % start date: _D _DM _MY _Y _Y _Y _Y  Disposal of old assets a family Others
Occupancy: Self O  * Estimated Construction  Purchase Cost  Agreement Value  Cost of construction / Exte  Stamp duty / Registration  LAP End Use  Initial Login Fee:	ension Charges / Improvement  Business  Cheque/ NEFT N	Rented Property Vi	* Construction  Savings  Friends  Children Education  Date: D D - M M - N	Stage of Construction:
Occupancy: Self O  * Estimated Construction  Purchase Cost  Agreement Value  Cost of construction / Extremely / Registration  LAP End Use  Initial Login Fee:  Sourcing: Salf O	ension Charges / Improvement  Business  Cheque/ NEFT Nales Executive  Cor	Rented Property V	* Construction  Savings  Friends  Children Education  Date: DD - MM - N  Branch Service:	Stage of Construction:
Occupancy: Self O  * Estimated Construction  Purchase Cost  Agreement Value  Cost of construction / Extremely / Registration  LAP End Use  Initial Login Fee:  Sourcing: Salf O	ension Charges / Improvement  Business  Cheque/ NEFT Nales Executive  Cor	Rented Property V	* Construction  Savings  Friends  Children Education  Date: DD - MM - N  Branch Service:	Stage of Construction: % start date: _D _DM _MY _Y _Y _Y _Y  Disposal of old assets a family Others  Marriage Other Consumption  Y Bank Name: Branch Source:
Occupancy: Self O  * Estimated Construction  Purchase Cost	ension Charges / Improvement  Business  Cheque/ NEFT Nales Executive  Cor	Consolidation  No:Conne	* Construction  * Construction  Savings  Friends  Children Education  Date: DD - MM - N  Branch Service:  ctor Code: Conne	Stage of Construction: % start date: _D _DM _MY _Y _Y _Y _Y  Disposal of old assets a family Others  Marriage Other Consumption  Y Bank Name: Branch Source:
Occupancy: Self O  * Estimated Construction  Purchase Cost Agreement Value Cost of construction / Exte Stamp duty / Registration  LAP End Use  Initial Login Fee: Sourcing: Sa  RM Code: RM	ension Charges / Improvement Business Cheque/ NEFT Nales Executive Cor	Consolidation  No: Conne	* Construction  * Construction  Savings  Friends  Children Education  Date: DD - MM - N  Branch Service:	Stage of Construction:
Occupancy: Self O  * Estimated Construction  Purchase Cost  Agreement Value  Cost of construction / Extending  Stamp duty / Registration  LAP End Use  Initial Login Fee:  Sourcing: Sa  RM Code: RM  Name:  Address:	ension Charges / Improvement  Business  Cheque/ NEFT Nales Executive  M Name:	Consolidation  No: Conne	* Construction  * Construction  Savings  Friends  Children Education  Date: DD - MM - N  Branch Service:	Stage of Construction:
Occupancy: Self O * Estimated Construction Purchase Cost Agreement Value Cost of construction / Exte Stamp duty / Registration  LAP End Use  Initial Login Fee: Sourcing: Sa RM Code: RM  Name: Address: City / Dist :	ension Charges / Improvement  Cheque/ NEFT Nales Executive  M Name:	Consolidation No: Conne	* Construction  * Construction  Savings  Friends  Children Education  Date: DD - MM - M  Branch Service:  ctor Code: Conne  Name:  Address:  City / Dist :	Stage of Construction: % start date: _D _DM _MY _Y _Y _Y _Y  Disposal of old assets a family Others  Marriage Other Consumption  Y Bank Name: Branch Source:
Occupancy: Self O  * Estimated Construction  Purchase Cost  Agreement Value  Cost of construction / Extending  Stamp duty / Registration  LAP End Use  Initial Login Fee:  Sourcing: Sa  RM Code: RM  Name:  Address:  City / Dist:  State:	ension Charges / Improvement  Business  Cheque/ NEFT Nales Executive  Cor M Name:  Pin code:	Consolidation  No: Conne	* Construction  Savings  Friends  Children Education  Date: DD - MM - M  Branch Service:  ctor Code: Conne  Name:  Address:  City / Dist:  State:	Stage of Construction:
Occupancy: Self O * Estimated Construction Purchase Cost Agreement Value Cost of construction / Exte Stamp duty / Registration  LAP End Use  Initial Login Fee: Sourcing: Sa RM Code: RM  Name: Address: City / Dist: State: Occupation:	ension Charges / Improvement  Business  Cheque/ NEFT N  ales Executive  Cor  Vacant  F  F  Charges / Improvement  Cheque/ NEFT N  Alles Executive  Pin code:	Consolidation No: Conne	* Construction  Savings  Friends  Children Education  Date: DD - MM - M  Branch Service:	Stage of Construction:
Occupancy: Self O  * Estimated Construction  Purchase Cost Agreement Value Cost of construction / Extending  Cost of construction / Extending  LAP End Use  Initial Login Fee: Sourcing: Sa  RM Code: RM  Name: Address: City / Dist: State: Occupation: Mobile (+91):	ension Charges / Improvement  Business  Cheque/ NEFT Nales Executive  M Name:  Pin code:	Consolidation  No: Conne	* Construction  Savings  Friends  Children Education  Date: DD - MM - M  Branch Service:  ctor Code: Conne  Name:  Address: City / Dist: State: Occupation: Mobile (+91):	Stage of Construction:
Occupancy: Self O * Estimated Construction Purchase Cost Agreement Value Cost of construction / Extending Stamp duty / Registration  LAP End Use  Initial Login Fee: Sourcing: Sa RM Code: RM  Name: Address: City / Dist: State: Occupation: Mobile (+91): Relationship with Application	ension Charges / Improvement  Business  Cheque/ NEFT Nales Executive  M Name:  Pin code:  ant:	Consolidation No: Conne	* Construction  Savings  Friends  Children Education  Date: DD - MM - M  Branch Service:  ctor Code: Conne  Name:  Address:  City / Dist:  State:  Occupation:  Mobile (+91):  Relationship with Applicant	Stage of Construction:         %   start date:   D   D   -   M   M   -   Y   Y   Y   Y   Y   S   Disposal of old assets a family   Others   Other Consumption   Other
Occupancy: Self O * Estimated Construction Purchase Cost Agreement Value Cost of construction / Extending Stamp duty / Registration  LAP End Use Initial Login Fee: Sourcing: Sa RM Code: RM  Name: Address: City / Dist: State: Occupation: Mobile (+91): Relationship with Application  For quick approva  ID Proof: Adhaar Card, Pa by NREGA, ID Card issued Resi Address Proof: Adh	ension Charges / Improvement  Business  Cheque/ NEFT Nales Executive  Cor M Name:  Pin code:  ant:  al and disbursement, assport, VoterID, PAN Card, Driving the gray of the passport, VoterID, PAN Card, Driving the gray of the passport, VoterID, PAN Card, Driving the gray of the passport, VoterID, PAN Card, Driving the gray of the passport, VoterID, PAN Card, Driving the gray of the passport, VoterID, PAN Card, Driving the gray of the passport	Consolidation  Consolidation  Conne  Conne	* Construction  * Construction  Savings  Friends  Children Education  Date: DD - MM - N  Branch Service:  Ctor Code: Conne  Name:  Address: City / Dist: State: Occupation: Mobile (+91): Relationship with Applicant  re to submit the belov  Bank Statement: Latest 6 mo Asset Documents: Photocop	Stage of Construction:         %   start date:   D   D   -   M   M   -   Y   Y   Y   Y   Y   S   Disposal of old assets a family   Others   Other Consumption   Other
Occupancy: Self O * Estimated Construction Purchase Cost	ension Charges / Improvement  Business  Cheque/ NEFT N  ales Executive  Cor  Pin code:  Pin code:  ant:  assport , VoterID, PAN Card , Driving by Govt Department	Consolidation  Consolidation  Connector  Conne  Please make surving License, nicipal Tax receipt	* Construction  * Construction  Savings  Friends  Children Education  Date: DD - MM - N  Branch Service: Connect  Name: Address: City / Dist: State: Occupation: Mobile (+91): Relationship with Applicant  Relationship with Applicant  The to submit the below Asset Documents: Photocop Allotment/ Possession Letter, 19	Stage of Construction:         %   start date:   D   D   -   M   M   -   Y   Y   Y   Y   Y   S   Disposal of old assets a family   Others   Other Consumption   Other

I. I/we hereby submit voluntarily at my/our own discretion, the physical copy of Aadhar Card/masked Aadhar/electronic Aadhar as issued by UIDAI(Aadhar) to Roha Housing Finance Private Limited for the purpose of establishing my /our identity/address proof and voluntarily give my consent for processing my Home Loan / Loan Against Property / Other services from Roha Housing Finance Private Limited.

II. I/we hereby authorise Roha Housing Finance Private Limited to share my Aadhar details with statutory authority, Credit Bureau and other business/Insurance partners for the required services and facilities.

III. I/we hereby provide my consent to Roha Housing Finance Private Limited for verification of my/our Aadhar to establish its genuineness as per process laid down by UIDAI or under any act or law from time to time.

IV. The consent and purpose of collecting Aadhar has been explained to me/us in local language. Roha Housing Finance Private Limited informed me/us that my/our Aadhar submitted to the Roha Housing Finance Private Limited herewith shall not be used for any purpose other than mentioned above, or as per requirement of Law.

V. I/we hereby declare that the information provided hereunder is correct.

S	SI. No.	Name of Applicant/Co-applicants	Masked Aadhar Number	Mobile Number
	1			
	2			

Enclosure: Copy of the sen-attested Addhaar ibs.	Date.	
Signature of Applicant No1	Signature of Co-Applicant no-2	

## APPLICATION FORM DECLARATION

I hereby confirm that I have opted for availing the insurance products arranged by RHFPL.

I/We declare that all the particulars and information given in this application form are true, correct and complete and upto date in all respects and I/We have not withheld any information and that they shall form the basis of any loan RHFPL may decide to grant to me/us. I/We hereby authorise RHFPL or its associates or its authorised representatives to verify the details furnished/to be furnished by me/us for the purpose of the loan from RHFPL. I/We agree and understand that RHFPL reserve the right to retain the application forms, and the documents provided therewith, including photographs, and will not return the same to me/us. I/We undertake to inform RHFPL regarding any changes in my/our occupation/employment/Residence. I/We further agree that my/our loan shall be governed by the rules of RHFPL which are in force at the time of making the application and which may be changed in future at the sole discretion of RHFPL. I/We hereby agree to communicate the GSTIN of a particular state for the purpose of billing. The determination of the location of supplier of service shall be at the sole discretion of RHFPL and would be determined basis applicable GST provisions. I/We Authorize RHFPL or its associates or its authorised representatives or its agent to carry out various verifications including credit bureau checks / report, to make references and enquiries relating to information in this application form which RHFPL considers necessary; I/We do authorize RHFPL, its group companies, agents/representatives providing me/us information on various products, offers and services provided by RHFPL /its group through any mode (telephone calls/SMS/emails). I/We agree and hereby authorise RHFPL to exchange, share or part with all the information, data or documents relating to my/our application including but not limited to credit and repayment history or any default, if any, committed by me/us to other Banks/Financial Institutions/Credit Bureaus/ Statutory Bodies/such other persons as RHFPL may deem necessary or appropriate. I/ We hereby declare and affirm that I have not made any payments in cash. I/We declare that the proceedings / transactions are not in violation of the Prevention of Money-Laundering Act, 2002. I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I/We confirm that I/We have/had no insolvency proceedings against me/us nor have I/We been adjudicated insolvent. I/We further confirm that I/We have read the brochure and understood the content. I/We also understand that the Initial Login Fees and Verification Charges are non-refundable and will not claim or raise dispute in future for refund of these charges, if loan is rejected for any reason. I/We further agree that my/ our loan shall be governed by rules/ norms of RHFPL which may be in force from time to time and RHFPL shall be entitled to reject my/our application without giving any reasons thereof.

Applicant Signature	Place	Co-Applicant Signature	Place



Registered Office - JJT House, Plot No. A/44-45, Road No. 2, MIDC, Andheri East, Mumbai 400093. Corporate Office - Unit No. 1117 & 1118, 11th Floor, World Trade Tower, Sector - 16, Noida - 201301. CIN No. U65999MH2017PTC293277

Toll Free: 1800 266 2111 I E- Mail: loans@rohagroup.com

FINANCE  GROWTH BEGINS AT HOME	
Date	
То,	_
RHFPL has received your loan application of Rs	long with all the documents as per check by the RHFPL for proper appraisal of the

Application No.:
For Roha Housing Finance Private Limied

**Authorised Official** 

MOUSING