

**STATE BANK OF INDIA**  
**APPLICATION FORM FOR ENGAGEMENT AS BUSINESS CORRESPONDENT**

**Instructions :** Use additional sheets wherever necessary. Strike out which ever is not applicable

**I : GENERAL INFORMATION**

Name of the MFI /NGO/ Entity (e.g. 'S 25 Company)	
Legal Status (Registration No./ type / FCRA Status & Date of Establishment	
Name of Chief functionary and Designation	
Registered address of the MFI/NGO/ Entity	
Address for Correspondence  Telephone Number	State  PIN CODE
Fax	
E-mail id	
Website Address	
Contact Person's Name	
Phone Number	
E-mail id	

## II. : GENERAL INFORMATION

Mission
Vision
Objectives
Geographical areas of activity (Villages, district, blocks, taluk / municipalities and states in India where active)

**III. : SPECIFIC INFORMATION (Names of members / Designation / Academic Qualification / Experience)**

**Governing Board:**

<b>Name</b>	<b>Designation</b>	<b>Academic qualification</b>	<b>Background Details</b>	<b>Membership in other Boards, etc</b>

**Executive Board:**

<b>Name</b>	<b>Designation</b>	<b>Academic qualification</b>	<b>Background Details</b>	<b>Membership in other Boards, etc</b>

**Advisory Board:**

<b>Name</b>	<b>Designation</b>	<b>Academic qualification</b>	<b>Background Details</b>	<b>Membership in other Boards, etc</b>

III. : INFORMATION ABOUT MICROFINANCE PORTFOLIO

<b>Microfinance (Qualitative)</b>	
Since when are you offering microfinance services?	
What is / are the lending type(s) you use	<ul style="list-style-type: none"> <li><input type="checkbox"/> Individual Lending</li> <li><input type="checkbox"/> Group Lending</li> <li><input type="checkbox"/> Group Assisted Individual lending</li> <li><input type="checkbox"/> Mutual Credit Guarantee</li> <li><input type="checkbox"/> Joint Liability Groups</li> <li><input type="checkbox"/> Self Help Groups</li> <li><input type="checkbox"/> Others (please specify)</li> </ul>
Number of branches delivering microfinance Services	
Number of staff engaged in microfinance Services	
No. of Field staff engaged in microfinance	
<b>Client Profile (as of end of December 2006)</b>	
Number of active clients	
Geographical distribution of clients	<p style="text-align: center;">Urban</p> <p style="text-align: center;">Semi Urban</p> <p style="text-align: center;">Rural</p>

Percentage of women clients	
Number of borrowers	
Number of active borrowers	
Average Loan Size	
Please specify the percentages of the main enterprises for which the beneficiaries take loans	

<b>Microfinance Products and Services (as of end of December 2006)</b>	
<b>Please give details about the various types of financial products and services you provide</b>	
<b>Savings Products</b> (please mention all the products under this category like saving deposits, recurring deposits, fixed deposits, etc.)	
<b>Loan Products</b> (please mention various type of loans that you provide under what category e.g. medical loan under Health)	

<b>Insurance Products</b> (Please give the names of Insurance Companies whose products you offer)	
<b>Any other financial products or services that you presently offer</b>	

<b>Performance Profile (as of end of December 2006)</b>	
Cumulative Amount of Loans Disbursed (in Lakhs INR)	
Cumulative Number of Loans Disbursed	
Amount of Loan Disbursed in last 12 months (in Lakhs INR)	
Amount of Loan Outstanding (in Lakhs INR)	
Number of Loans Outstanding	
Average Interest rate on Loans (Please indicate the flat rate)	
NPA %	

<b>Source of Funds</b>	
Grants (Amount and %)	
Debt (Amounts and %)	
Internal Funds (Amounts and %)	

For each of the above, please give the names of the Agency/Bank/Financial Institutions

**Please Note:**

This information should be accompanied with your 2004-2005 and 2005-06 Audited Financial Statement.

Please feel free to provide any additional information or document in support of the information given below .

## II. : ORGANIZATIONAL PROCESSES

Please tick any one

Process definition is	<input type="radio"/> Done Verbally <input type="radio"/> Documented (enclosed copy) <input type="radio"/> Not Defined <input type="radio"/> Not understood
Review of processes is	<input type="radio"/> Done Verbally <input type="radio"/> Documented <input type="radio"/> Not Reviewed
Do you have process manuals maintained for critical processes? (those processes essential for achieving the core business / goals)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable <input type="radio"/> Not understood
Are these process manuals understood and implemented by the staff concerned (Tick One)	<input type="radio"/> Always <input type="radio"/> Never <input type="radio"/> Not Applicable
How do you educate your concerned staff members on the correct processes to be followed ?	<input type="radio"/> Handouts <input type="radio"/> Training sessions <input type="radio"/> Presentations <input type="radio"/> They are put available at the website <input type="radio"/> They are put available at the library / files <input type="radio"/> Center <input type="radio"/> They are not disseminated <input type="radio"/> Others
Do you have a well defined Management Information System (MIS)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure <input type="radio"/> Not Applicable
If the answer to the above is 'Yes', is your MIS manual or computerized?	<input type="radio"/> Manual <input type="radio"/> Computerized <input type="radio"/> Not Sure
Mention any best practice developed and implemented by you for microfinance practice (Use Additional Sheets if required)	
Do you have the capacity to handle cash management for the day-to-day operations? If so, please give details of how you will do this?	

VI: OTHERS

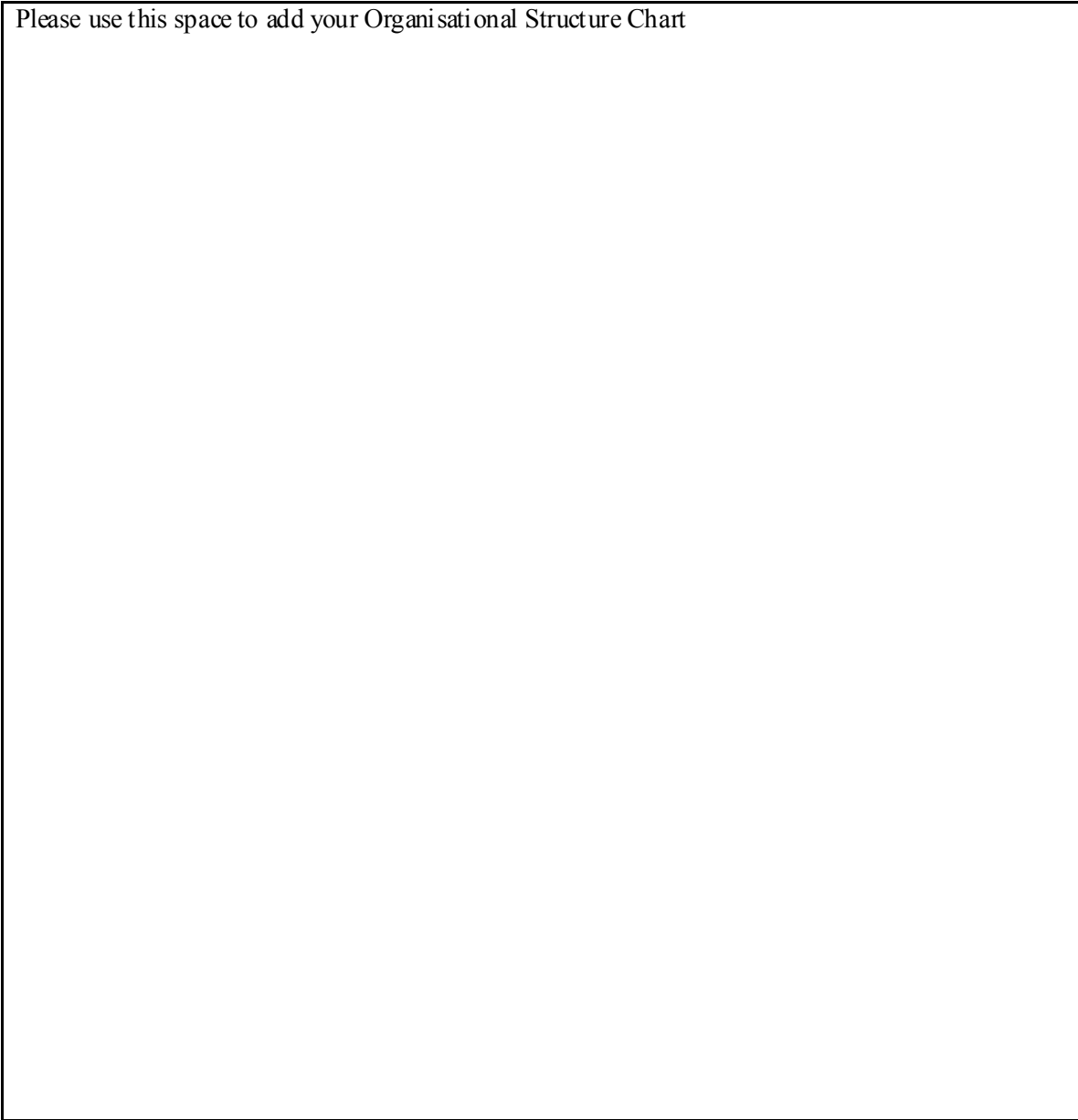
0. Do you work with any other Competitor Bank? If so, nature of work undertaken

0. Are you partially / fully controlled by any one who is any officer / Director of SBI or related to any officer / Director of SBI



VII. : ORGANISATIONAL STRUCTURE :

Please use this space to add your Organisational Structure Chart



VIII. If you would like to add any other information about your activities.  
Please use this space.

A large, empty rectangular box with a thin black border, intended for the respondent to provide additional information about their activities.

**IX. SWORN STATEMENT BY THE NOMINEE**

I, the undersigned, being the person responsible in applicant entity for the action, certify that:

- (i) The information given in this nomination form is true and correct to the best of my knowledge ; and
- (ii) The entity does not fall under anyone of the undernoted categories:
  - a) Is bankrupt or is being wound up, is having its affairs administered by the courts, has entered into an arrangement with creditors, has suspended business activities, is the subject of proceedings concerning those matters, or is in any situation arising from a similar procedure provided for in national legislation or regulations;
  - b) Has been convicted of an offence concerning professional conduct by a judgment which has the force of *res judicata* (i.e., against which no appeal is possible);
  - c) Is guilty of grave professional misconduct proven by any means which the Award Partners and Jury can justify;
  - d) Has not fulfilled obligations relating to the payment of social security contributions or the payment of taxes in accordance with the legal provision of India;
  - e) has been the subject of a judgment which has the force of *res judicata* for fraud, corruption, involvement in a criminal organization or any other illegal activity;

I am fully aware that any false declaration will lead to the exclusion of the entity from the selection process.

Name :	
Position :	
Signature :	
Date and Place :	
Seal	

## **CHECKLIST FOR ENCLOSURES**

1. Audited Financial Statements for the year ending March, 2005 and 2006.
2. Annual Report for the last 2 years (if printed).
3. One copy of photograph (passport size) of the organization's Chief Executive.
4. Copies of the certificate of registration authorized by an independent authority.
5. Rating report (if rating has been done).

**APPLICATION FORM FOR BUSINESS FACILITATORS  
(ENTITIES)**

Sr. No.	Particulars (additional sheets may be attached, where necessary)	
	<b>LOCATION APPLIED FOR :</b>	
1	Name of the Organization	
2	Address for Correspondence (email, phone, mobile no.)	
3	Name of the CEO/ Secretary / President etc. (bio-data with photograph enclosed)	
4	Date of Establishment & Registration No., if applicable	
5	Rating awarded by an external agency, if any (report enclosed)	
6	Are you an eligible entity as per RBI Guidelines? (If yes, mention relevant clause)	
7	No. of years of existence	
8	Activities undertaken during 2/3 years	
9	Banking with : Bank Name Since Account no.	
10	Area covered (Talukas / Mandals / Blocks / Districts)	
11	Names of the Branches, if any (with their addresses)	
12	Name of persons / entities known to the bank as references (Addresses, Contact nos.)	i.  ii.

13	If acting as Business Correspondent / Facilitator for any other organization, details thereof	
14	Details of Technology Tie-up (for BC only)	
15	Notable achievements, if any	
16	Any other information	
17	Enclosures : i. Audited Financial Statements for the last 3 years ii. Brief resume of the organization / company iii. Bio-data of CEO iv. Registration / Certificate of Incorporation v. Rating Agency's Certificate / Report	

**STATE BANK OF INDIA**  
**APPLICATION FORM FOR BUSINESS FACILITATORS**  
**(INDIVIDUALS)**

1. Location (Village / Town) - Location  
- District  
- State  
- PIN
2. Name (IN BLOCK LETTERS)
3. Father's / Husband's Name
4. Date of Birth
5. Gender (Please Tick) -  Male  Female
6. Marital Status (Please Tick) -  Married  Unmarried
7. Education (Please Tick) -  Below Class X  Class X  Class XII  
-  Graduate  Post Graduate and above
8. Permanent Address  
- P.O. Tehsil  
- District  
- State Pin :
9. Communication Address  
- P.O. Tehsil  
- District  
- State Pin :
10. Telephone No. (with STD Code) - Residence  
- Office  
- Mobile
11. E-mail ID, if any -
12. Currently Banking with (Bank) -
13. Bank Account Number, if any -
14. Cheque Facility (Please Tick) -  Available  Not Available
15. \*Proof of Name (Please Tick) -  Driving License  PAN Card  
(Anyone) -  Voter's ID Card  Passport
16. \*Proof of address (Please Tick) -  Electricity Bill (Latest)  NSC (Copy)  
 Telephone Bill (Latest)  LIC Policy (Copy)  
 Letter from landlord  Gas Connection

17. Present Business / Occupation, if any

18. Computer Literacy :  Yes  No

19. If yes, nature of qualification :

20. If you already own a business or are working your revenue / income per month is

Less than Rs.1000      Rs.1000 - Rs.2500      Rs.2500 - Rs.4000  
Rs.4000 - Rs.6000      More than Rs.6000

21. Do you have any experience in selling financial products? If yes, give details.

22. Languages known (say fluent / not so fluent)

	Read	Write	Speak
English			
Hindi			
Regional Language (specify)			
Any other (specify)			

23. No. of years of stay in the town / village

24. Do you have any police records? If yes, give details.

25. Names, address and occupation : 1) of two people to whom reference can be made.

2)

I certify that the above information is true to the best of my knowledge and belief

Signature of the applicant



**Address & ID Proof \***

**\* May be obtained from Sarpanch /Mukhiya /Gazatted Govt. Servant / Post Master / Tahsildar / Police Inspector / Govt. Teacher**

This is to certify that Mr. / Ms. / Mrs. .... has been a resident of (Complete Address) ..... for ..... years and holds a good character in the area. His photograph is herewith attested and I confirm the same. His date of birth is .....

(Signature)

Name: .....

Address: .....

Designation (with seal) : .....

**References**

1)

I hereby certify that ..... has been a resident of ..... Village / town of ..... district in ..... State of period of ..... years and has been known to me for period of ..... years.

(Signature)

Name of Referee .....

Address: .....

Designation / Title: .....

2)

I hereby certify that ..... has been a resident of .....

Village / town of ..... district in ..... State of period of .....

..... years and has been known to me for period of ..... years.

(Signature)

Name of Referee .....

Address: .....

Designation / Title: .....