

**APPLICATION FORM FOR EMPANELMENT OF RECOVERY AGENT**

1. Name of the Agency:
2. Constitution :
3. Address

(Registered Office):

4. Address:

(Local Office, if any at Patna)

5. Phone Nos./ Mobile Nos :

Email:

6. Establish since:
7. Operating RA since:
8. PAN Number / ADHAAR CARD NO:

(Copy of the PAN Card / Adhaar Card to be attached)

9. Banks presently enlisted with as Resolution Agent:

10. Whether Registered under

Shops & Establishment Act or any other Act:

(Copy of registration to be enclosed)

- 11.

	Name	Age	Qualification	Experience if any
a. Name of proprietor/Partners/ Directors				
b. Name of office Bearers with designation				
c. Name of key functionaries				

(Copies of Identity and Address Proof of the Proprietor / Partners / Directors / Bank A/c Statement of the agency for recent 6 months are to be enclosed)

**12. Financial Indicators:**

Financial indicators	2013-14	2014-15	2015-16
a. Equity Capital			
b. Tangible Net Worth			
c. Net Profit			

**13. Details of Infrastructure**

a.	No. of people employed	:	
b.	No. of people engaged in Recovery Activities	:	
c.	Out of (b) No. of people looking after operation in Bihar Patna	:	
d.	Out of (b) above, No. of employees	:	
	(i) In respect of which police verification has been carried out	:	
	(ii) Who have been certified from IIBF	:	
	(iii) Who have necessary expertise for Audio / Video recording	:	
	(iv) Who have been employed on contract basis (also advise average rate of commission)	:	
	(v) Who have been employed on Emoluments basis (average salary)	:	
e.	Office in Bihar and their addresses alongwith Phone Nos./ Fax Nos. / e-mail ids etc If presently, there is no office, whether willing to set up offices at these centres , immediately after empanelment.	:	Yes/ No / Not applicable

**14. Existing Clientele :**

Name of the Client	1 <sup>st</sup> Assignment obtained on	No. of Assignments (related to Recovery settled during 2015-16)		No. of Assignments completed	
		No.	Amount (Cr)	No.	Amount (Cr)

**15. Reference :**

- (i) .....  
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- (ii) .....  
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**16. Declaration:**

**Information furnished above is correct to the best of my knowledge & belief. In case of any wrong/ false information, Bank may terminate my services even after my empanelment without giving any notices ( Copy of documentary proof, wherever , duly certified by me and is enclosed).**

**(Name & Signature of the Authorised Person with Designation and Seal)**

**Date:**