

Name of the Bank:

**Application to the Committee for a Corrective Action Plan under
Revival & Rehabilitation of MSME
(For Existing Loan Exposure above Rs.10 Lakhs and up to Rs.25Crore)
(To be submitted along with documents as per the check list)**

A.Brief Profile of the Enterprise:

Name of the Enterprise						
Constitution	√	Proprietary	Partnership	Pvt. Ltd.	Ltd. Company	Any Others
Corporate office / Registered Office address of the borrower						
Contact No.		E-Mail				
Udyog Aadhaar No./Registration No.						
Date of Incorporation / Establishment						
Date of commencement of operations:						
Activity		Mfg./ Trading/ Services/Others				
Banking with Us Since:						
Banking arrangement :		Sole Banking /Consortium/ /Multiple Banking				
SMA Status		SMA- 0 / SMA-1 / SMA-02				
External Credit Rating		Name of the Agency	Current Rating	Previous Rating	Valid up to	

B.Details of Proprietor/ Partners/ Directors:

(Amount in Rs.)

Name of Proprietor/ Partners/ Directors	Designation	Residential Address with Contact No.	PAN No. /DIN No.	Net Worth as on date	Other dues as borrower/ guarantor	% of Share Holding

C. Details of Associate Concern / Sister Concern:

(Amount in Rs.)

Name of Associate Concern / Sister Concern	Business Activity	Banking With	Loan Limit		Financials as on		
			FB	NFB	Net Sales	Net Profit	Net Worth

D. Social Category:

Gender	√	Man		Woman		Trans gender		
Physically Challenged		Yes or No						
Social Category	√	SC	ST	OBC	Women	Physically Handicapped	Minority	
If Minority Community	√	Buddhists		Muslims	Christians	Sikhs	Jains	Zoroastrians

E. Details of Existing Liabilities with the Bank:

(Amount in Lacs)

Facility	Market value of Stocks	Advance Value of Stocks	Drawing Power	O/s	Over Dues
Fund based working capital (CC/OD etc.)					
Export Packing Credit (Rupee/PCFC)					
Bills Discounting					
PSFC					
Fund based Sub-total					
LC/BG for working capital					
Letters of comfort#					
Non Fund based Sub-Total					
Total Working Capital					
Term Exposures (Other than Project Loans) (Balance Sheet funding)					
Derivatives (after applying CCF)					
Any other (specify)					
Total Exposure					

Banking arrangement and sharing pattern:

Financial Arrangement:

Sole Banking/Consortium/Multiple Banking/

	FB				NFB		Total		% Share
	WC		TL		Limit	O/s	Limit	O/s	
	Limit	O/s	Limit	O/s					
Bank 1									
Bank 2									
Banks(Total)									
Total									

Loans with Financial Institutions / NBFCs and overdues, if any:**F. Details of Other Liabilities:**

(Amount in Lacs)

Details of Statutory dues remaining outstanding with State Government or Central Government	Details of Unsecured Creditors. (Furnish reason for incurring liability)

G. Financials:

(Amount in Lacs)

Particulars	Past Year-II (Actual)	Past Year-I (Actual)	Present Year (Estimate)	Next Year-I (Projection)	Next Year-II (Projection)
Net Sales (including Operating Income)					
(%) growth in net sales over previous year					
Operating Profit (after interest)					
Operating Profit Margin (%)					
Other Income					
Profit Before tax					
PAT					
Net Profit Margin (%)					
Paid-up Equity Capital/					
Tangible Net Worth					
TOL/ TNW					
Current Ratio					
Cash Accruals					
Debt Equity Ratio					
Debt Service Coverage Ratio					

H. In case of additional Working Capital:

(Amount in Rs.)

Actual Sales		Projected					
FY-	FY-	Sales	Working Cycle in Months	Inventory (in Days)	Debtors (in Days)	Creditors (in Days)	Promoter's Contribution

I. For additional term loan facilities projections to be provided till the proposed year of repayment of loan.**J. (a) Details of Existing Security:**

(Amount in Lacs)

Particulars of Primary Security		Nature of charge	Date of Valuation	Value
Particulars of Collateral Security	SARFAESI Complaint (Yes or No)	Nature of charge	Date of Valuation	Value

(b) Details of Proposed Additional Security to be offered:

Particulars of Primary Security		Nature of charge	Date of Valuation	Value
Particulars of Collateral Security	SARFAESI Complaint (Yes or No)	Nature of charge	Date of Valuation	Value

J. (a) Details of Existing Guarantors:

(Amount in Lacs)

Name of the Guarantors	Age	Occupation	Annual Income	Net Worth	Other Dues as Borrower/ Guarantor

(b) Details of Proposed Guarantors:

(Amount in Lacs)

Name of the Guarantors	Age	Occupation	Annual Income	Net Worth	Other Dues as Borrower/ Guarantor

K. Details of stress faced by the Enterprise:

Indicative List of Stress	Details of stress faced by the Enterprise
<p>Outstanding balance in cash credit account remaining continuously at the maximum.</p> <p>Inability to maintain stipulated margin on continuous basis.</p> <p>Failed to make timely payment of instalments of principal and interest on term loans.</p> <p>Decline in production.</p> <p>Decline in sales and fall in profits.</p> <p>Increase in level of inventories.</p> <p>Failed to pay statutory liabilities.</p> <p>Delay in meeting commitments towards payments of instalments due, crystallized liabilities under LC/BGs.</p>	

L.Suggested Remedial Measures with the estimated time frame to justify the action plan:

Indicative Remedial Measures	Suggested remedial measures with the estimated time frame by the Enterprise with supporting details to justify the action plan /solution, duly supported/vetted by TEV as the case may be.
Rectification:	
Restructuring: Reschedulement of Instalments. Capitalisation of interest. Fresh and/or additional WC / WCTL. Fresh term loan assistance for need based expansion.	

Declaration: I/We hereby certify that all information furnished by me/us is true, correct and complete to the best of my/our knowledge and belief. I/We shall furnish all other information that may be required by Bank in connection with my/our application. The information may also be exchanged by you with any agency you may deem fit. You, your representatives or any other agency as authorised by you, may at any time, inspect/ verify my/our assets, books of accounts etc. in my/our factory/business premises. You may take appropriate safeguards/action for recovery of bank's dues.

Signature of Borrowers

Signature of Existing & Proposed Guarantors

Date:

Place:

CHECK LIST: (The check list is only indicative and not exhaustive and depending upon the requirements of banks addition/deletion could be made as per necessity)

- 1) Last two years audited balance sheets of the units along with income tax/sales tax return etc.
- 2) Projected balance sheets for two years in case of working capital limits and for the period of the loan in case of term loan.
- 3) Sales achieved during the current financial year up to the date of submission of application.
- 4) Asset & Liability statement of Proprietor/ Partners/ Directors.
- 5) If funds proposed to be infused by borrower, please specify Sources.
- 6) Detailed Particulars of securities primary/collateral proposed, if any.
- 7) Details of all liabilities of the enterprise, including the liabilities owed to the State or Central Government and unsecured creditors, if any.
- 8) Supporting details for the suggested remedial measures with the estimated time frame by the Enterprise to justify the action plan /solution.

Acknowledgement Slip for Application to the Committee for Corrective Action Plan under Revival & Rehabilitation of MSMEs

Office Copy: Received form

Mr/Ms/M/s.....
.....(Name & Address)an application dated for corrective action plan under revival & rehabilitation of MSMEs.

Date

Officer / Manager

Please Note that :

1. This is only an acknowledgement for having received the application and this should not be construed as an indication of our acceptance of the proposal, a decision on which will be taken only after due consideration of the proposal on its merit and / or on fulfilment of conditions if any, that may be stipulated by the Bank.
2. The application will be taken up for consideration only after all the particulars / data / documents as may be required are received by the Bank.
3. The application will be disposed off within.....days from the date of receipt of all the details /papers/documents /clarifications sought by the Bank.
4. In case the proposal is rejected/not considered the reasons for the same will be intimated to the applicant.

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Received form

Mr/Ms/M/s.....
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