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| केंद्रीय कार्यालय C:\Users\Durgesh\Desktop\Central-Bank-of-India-logo.png Central Office  **CENTRAL BANK OF INDIA**  **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.25 Crore)**  **( To be submitted along with documents as per the check list )** |

**A. Brief Profile of the Enterprise:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the Enterprise /  Borrower | |  | | | | | | | | | | |
| Constitution | **√** | Proprietary | | Partnership | | | Pvt. Ltd. | | Ltd. Company | | Others | |
| Current office Address/ Residential Address | |  | | | | | | | | | | |
| Current Business / Activity | |  | | | | | | | | | | |
| Corporate office / Registered Office address of the borrower | |  | | | | | | | | | | |
| Contact No. | | Land Line:  Mobile | | | E-Mail | | |  | | | | |
| Udyog Aadhaar No./ Registration No. | | | | |  | | | | | | | |
| Date of Incorporation / Establishment | | | | |  | | | | | | | |
| Date of commencement of operations: | | | | |  | | | | | | | |
| Activity | | | Mfg./ Trading/ Services/Others | | | | | | | | | |
| Banking with since: | | |  | | | | | | | | | |
| Banking arrangement : | | | Sole Banking /Consortium/ /Multiple Banking | | | | | | | | | |
| SMA Status as on | | | SMA-0 / SMA-1 / SMA-2 | | | | | | | | | |
| External Credit Rating | | | Name of the Agency | | | Current Rating | | | | Previous Rating | | Valid upto |
|  | | |  | | | |  | | |

**B. Details of Proprietor/ Partners/ Directors:** (Amount in Lacs)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Proprietor/  Partners/ Directors | Residential Address with Contact No. | PAN No.  /DIN No. | Net Worth  as on …… | Other dues as Borrower / Guarantor | % of Share  holding |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**C. Details of Associate Concern / Sister Concern / Group Companies:** (Amount in Lacs)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Associate Concern / Sister Concern / Group Companies | Business  Activity | IRAC status | 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 Banks: (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** |  |  | |  |  |  | |  |  |  |  |

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| **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 |  |  |  |  |  |
| Adjusted TNW |  |  |  |  |  |
| TOL/ Adjusted TNW |  |  |  |  |  |
| Current Ratio |  |  |  |  |  |
| Cash Accruals |  |  |  |  |  |
| Debt Service Coverage Ratio |  |  |  |  |  |

**H. (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:** (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 |
|  |  |  |  |  |

**I. (a) Details of Existing Guarantors:** (Amount in Lacs)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name and addresses of the Guarantors | Age | Occupation | Annual Income | Net Worth as on…….. | Other dues as Borrower /  Guarantor |
|  |  |  |  |  |  |

**(b) Details of Proposed Guarantors:** (Amount in Lacs)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name and addresses of the Guarantors | Age | Occupation | Annual Income | Net Worth as on…….. | Other dues as  Borrower /  Guarantor |
|  |  |  |  |  |  |

**J. Details of stress faced by the Enterprise:**

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

**K. 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 (wherever applicable as per IT Act) 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/Provisional Balance sheet as at Previous Quarter End.
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**

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| **Office Copy:**  Received form Mr/Ms/M/s……………………………………………………………………………... ……………………………………………………………………………………………………..…… (Name & Address) an application dated ………………….. for corrective action plan under revival & rehabilitation of MSMEs.  Date **…………… Branch Manager**  **Name:**  **Name of the Bank**  --------------------------------------------------------------------------------------------------------------------- |
|  |
|  |
|  |

**Customer copy:**

Received form Mr/Ms/M/s…………………………………………………………………………..… …………………………………………………………………………………………………….……

(Name & Address) an application dated …………….……. for corrective action plan under revival & rehabilitation of MSMEs.

Date **…………… Branch Manager**

**Name:**

**Name of the Bank**

**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 of 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.