BAJAJ FINSERV | LENDING

REPAYMENT SCHEDULE

Customer Name	:	SOHAM KUMAR MODI			
Agreemant Number	:	4000CD00334670	Product	:	CD
Asset / Property Cost	:	44,990.00	Aggrement Date	:	12/08/2012
Tenure (In Months)	:	12	Amount Financed	:	42,500.00
Interest Rate	:	0	Advance EMI	:	4

Installment Number	Due Date	Opening Principal	Instl.Amount	Principal	Interest	Closing Principa
1	05/10/2012	28,332.00	3,542.00	3,542.00	0.00	24,79
2	05/11/2012	24,790.00	3,542.00	3,542.00	0.00	21,24
3	05/12/2012	21,248.00	3,542.00	3,542.00	0.00	17,70
4	05/01/2013	17,706.00	3,542.00	3,542.00	0.00	14,16
5	05/02/2013	14,164.00	3,542.00	3,542.00	0.00	10,62
6	05/03/2013	10,622.00	3,542.00	3,542.00	0.00	7,08
7	05/04/2013	7,080.00	3,542.00	3,542.00	0.00	3,53
8	05/05/2013	3,538.00	3,542.00	3,538.00	4.00	
9	05/06/2013	0.00	3,542.00	3,542.00	0.00	
10	05/07/2013	0.00	3,542.00	3,542.00	0.00	
11	05/08/2013	0.00	3,542.00	3,542.00	0.00	
12	05/09/2013	0.00	3,542.00	3,542.00	0.00	
Total			**42,504.00**	**42,500.00**	**4.00**	

User ID: 8640207
Pwd :- soham123

Customer Care
44 66 44 66
9 am - 9 pm
Email: customercare@tmcelectronics.co.in
Website: www.tmcelectronics.co.in

OUR BRANCHES
Abids, A.S.Rao Nagar, Banjara Hills, Dilsukhnagar, Kukatpally, Malakpet, Putlibowli, Tirupathi, Vijayawada, Visakhapatnam, Warangal

TMC — Touching Homes & Hearts

TAX INVOICE

Tirumala Music Centre (P) Ltd.

Near Airport Flyover, Begumpet, Hyderabad. India.
Tel : 040-27766411 / 22 / 33 / 44

To,
SOHAM KUMAR GARU CR-7194-BFL
PNO-280, ROAD NO-25
JUBLEEHILLS
HYDERABAD PH 9849349373/23545772
P-51403/-FREE IN

Invoice.No : BP/1213/CR-7196
Date : 12-08-2012
CC-4116-LNO-6486488-12/04-D

Sl.No	Description	QTY	Rate	Amount
	SAMSUNG PLASMA 51" 51E490	1	65000	65000
2	PANASONIC A/C SPLIT CS/CU XC18N KY	2	42500	85000
3	KEELINE STABILIZER KL-400 SLENDER	2		
			Total	150000.00

Amount in words: Card Amt:51,403.00
ONE LAKH FIFTY THOUSAND ONLY

Note: The article(s) sold is/are guaranteed by respective manufacturers only.
Goods once sold will not be taken back or exchanged under any circumstances.
Cheque/DD should be drawn in favour of **Tirumala Music Centre (P) Ltd.**
Cheques subject to realisation.
All disputes are subject to Hyderabad Jurisdiction only.

The above amount includes applicable VAT

TIN 2 8 8 5 0 1 2 8 0 1 2

For Tirumala Music Centre (P) Ltd

Customer's Signature

Authorised Signatory

CERTIFIED TRUE COPY

18:30:15

Classic Secure Prints Pvt. Ltd., Hyd. © (040)2307 8360

...stallation under standard fitment of
...standards and supply)
...Rs.750 is additional.
...llation only.
...d to "THE" technician at the time of installation
...amount of Rs.1500 per installation will be
...the above said invoice only.
...itment will be charged.
...ded in free installation.
...d under Hyderabad jurisdiction.

346

Customer Care
44 66 44 66
9 am - 9 pm
Email : customercare@tmcelectronics.co.in
Website : www.tmcelectronics.co.in

OUR BRANCHES

Abids	Putlibowli
A.S.Rao Nagar	Tirupathi
Banjara Hills	Vijayawada
Dilsukhnagar	Visakhapatnam
Kukatpally	Warangal
Malakpet	

Touching Homes & Hearts

TAX INVOICE

Tirumala Music Centre (P) Ltd.

Near Airport Flyover, Begumpet, Hyderabad. India.
Tel : 040-27766411 / 22 / 33 / 44

To.

R SOHAN MODI CR-7194
P.NO.280, RD.NO.25., JUBILEE HILLS,
HYDERABAD.,
PIN : 500 035. PH 23545772,

Invoice.No : BP/1213/CR-7194
Date: 12-08-2012
HDFC-150-63487-VISA

Sl. No.	Description	QTY	Rate	Amount
1	SAMSUNG LED 32"32EH5000	1	34500	34500
2	SAMSUNG WM WA82A4REC	1	13400	13400

Credit Card Amt:47,900.00

Amount in words: FORTY SEVEN THOUSAND NINE HUNDRED ONLY

Total 47900.00

Note :
The article(s) sold is/are guaranteed by respective manufacturers only.
Goods once sold will not be taken back or exchanged under any circumstances.
Cheque/DD should be drawn in favour of **Tirumala Music Centre (P) Ltd.**
Cheques subject to realisation.
All disputes are subject to Hyderabad Jurisdiction only.

The above amount includes applicable VAT

TIN: 2 8 8 5 0 1 2 8 0 1 2

For Tirumala Music Centre (P) Ltd

18:21:41

Customer's Signature

Authorised Signatory

CERTIFIED TRUE COPY

Classic Secure Prints Pvt. Ltd., Hyd. (040)2307 6360

346

Customer Care
44 66 44 66
9 am - 9 pm
Email : customercare@tmcelectronics.co.in
Website : www.tmcelectronics.co.in

OUR BRANCHES
Abids, Putlibowli, A.S.Rao Nagar, Tirupathi, Banjara Hills, Vijayawada, Dilsukhnagar, Visakhapatnam, Kukatpally, Warangal, Malakpet,

Touching Homes & Hearts

TAX INVOICE

Tirumala Music Centre (P) Ltd.

Near Airport Flyover, Begumpet, Hyderabad. India.
Tel : 040-27766411 / 22 / 33 / 44

To.

R TEJAL MODI CR-7195 (BFL)
PLOT NO.280., RD.NO.25.
JUBILEE HILLS,
HYDERABAD. PH 9963086667/23545772
VISA/L.NO.648660

Invoice.No : BP/1213/CR-7195
Date : 12-08-2012

DP-RS.54663/-HDFC-150-5372-

Sl. No.	Description	QTY	Rate	Amount
1	LG FRIDGE DIDS GC-B217BLJ2	1	60000	60000
2	IFB DISH WASHER ZEPHYR DX	1	24100	24100
3	PANASONIC A/C SPLIT CU-UC24NKY	1	33800	33800
4	PANASONIC A/C SPLIT CS/CU-YC18N KY-2	1	30400	30400
5	KEELINE STABILIZER KL-400 SLEND ER	1		
6	KEELINE STABILIZER KL-500 SLEND ER	1		
			Total	

Amount in words: Credit Card Amt:54,663.00
ONE LACH FORTY EIGHT THOUSAND THREE HUNDRED ONLY 148300.00

Note: The article(s) sold is/are guaranteed by respective manufacturers only.
Goods once sold will not be taken back or exchanged under any circumstances.
Cheque/DD should be drawn in favour of Tirumala Music Centre (P) Ltd.
Cheques subject to realisation.
All disputes are subject to Hyderabad Jurisdiction only.

The above amount includes applicable VAT

TIN 28851012812

For Tirumala Music Centre (P) Ltd

Customer's Signature

Authorised Signatory

CERTIFIED TRUE COPY

18:27:08

BAJAJ FINSERV | LENDING

0666347

Consumer Finance Application Form

80 K

Case ID SF6486605

Date

Please fill in all the required details in BLOCK LETTER. Tick ☑ boxes as applicable. * Mandatory Fields

Sourcing Details

Case Referral Type* ☐ WOW Plus ☐ WOW ☐ WOW Lite ☐ WOW Extension ☐ Normal ☐ DDF

Dealer Code* Dealer Name*

Executive Mobile No.* 9059964014 Executive Name*

Promotion Case* ☐ Yes ☐ No Credit Program Code* 21

Sourcing Surrogate Info 1* Sourcing Surrogate Info 2* standard chartad

Sourcing Surrogate Info 3* 4622 7153 6412 4498 *(Please turnover for surrogate details)*

1 Personal Details

Name* TEJAL MODI

Date of Birth* 19/10/1970

Marital Status* ☑ Married ☐ Unmarried Gender* ☐ Male ☑ ~~Female~~

Identification Document (Tick Any One) ☐ Credit Card ☐ PAN Card ☐ Voter ID ☐ Passport ☐ Ration Card ☑ ~~Driving License~~

Corresponding ID No. DLFAP0094531120016

2 Contact Details

Residence is* ☑ Owned ☐ Rented ☐ Co. Provided ☐ Parental ☐ Bachelor Acco/ Sharing/ PG

Residence Address* PLOT NO 280 A/A D NO 25
JUBILEE HILLS HYDERABAD

Area/ Locality* JUBILEE HILLS City* HYDERABAD

Landmark* Pin Code* 500034

State* AP Mobile No.* 9963086667

Phone 2 23545792 Residing Since* Years Months

Email ID MODITEJAL

(Please provide your e-mail id in Block letters since the Loan Summary Letter would be mailed on the same)

Preferred Mailing Address* ☐ Residence Address ☐ Office Address Residence-cum Office* ☐ Yes ☐ No

3 Employment/Business Details

Employment Type* ☐ Self-Employed ☑ ~~Salaried~~ ☐ Housewife ☐ Student ☐ Pensioner

Constitution of the Company* ☐ Proprietorship ☐ Partnership ☐ Pvt. Ltd. ☐ Public Ltd. ☐ MNC ☐ Others

Name of the Company/ Business* APOLLO

Designation consultant pathalogist Department

Employee ID

Office/Business Address

Area/Locality* JUBILEE HILLS City*

Landmark Pin Code 500096

State*

Office Phone 23607777 Extension No.

4 Product Details

Count of Products being financed* 01

Asset Category*

Consumer Durables ☐ LCD / LED / Home Theatre ☐ Color TV ☐ Desktop / Laptop
☑ ~~Washing Machine / Refrigerator / Oven~~ ☑ ~~AC~~ ☐ Furniture
☐ Camera ☐ If Others (Please specify)

Lifestyle Products ☐ Furniture ☐ Home Improvement ☐ Fitness Equipment
☐ Luxury Watches ☐ Digital Lifestyle Products ☐ If Others (Please specify)

Applied Loan Amount* 148000 Gross Tenor* 12 ~~months~~ No. of Advance EMIs* 04 months

LTV * ☑ ~~<=67%~~ ☐ 68-70% ☐ 71-75% ☐ 76-83% ☐ 84-90% ☐ >90%

5 Undertaking

I/We hereby apply for a Finance facility for the Consumer Durable Loan mentioned in this application.
I/We declare that all the particulars and information and details given/filled in this Application Form are true, correct, complete and up-to-date in all respects and that I/We have not withheld any information whatsoever.

I, would like to know through telephonic calls, or SMS on my mobile number mentioned in the Application Form as well as in this undertaking, or through any other communication mode, various BFL loan offer schemes or loan promotional schemes or any other promotional schemes and hereby authorize M/s Bajaj Finance Limited, (BFL) it's employee, agent, associate to do so. I confirm that laws in relation to the unsolicited communication referred in "National Do Not Call Registry" (the "NDNC Registry") as laid down by TELECOM REGULATORY AUTHORITY OF INDIA will not be applicable for such communication/calls/ SMSs received from BFL, its employees, agents and/or associates.

DNC ☐ Yes ☐ No
Mobile No.

× Signature of the Applicant

A/c. Payee Only

Date .....

Pay .....

..... या धारक को Or Bearer

रुपये Rupees .....

..... अदा करें ₹

CANCELLED

खाता सं. A/c. No. 1075100110065 79

SHREE NIDHI SECURE PRINT PVT LTD - HYD

आन्ध्रा बैंक Andhra Bank

1075-अपोलो हॉस्पिटल शाखा: अपोलो हॉस्पिटल, जूबिली हिल्स, हैदराबाद – 500 034

1075-Apollo Hospital Branch:

Apollo Hospital, Jublee Hills, Hyderabad - 500 034 APH

/SB/SNSP/AT ANDB 000 1075

⑈375377⑈ 500011062⑈ 10

PERMANENT ACCOUNT NUMBER

ADDPM3623R

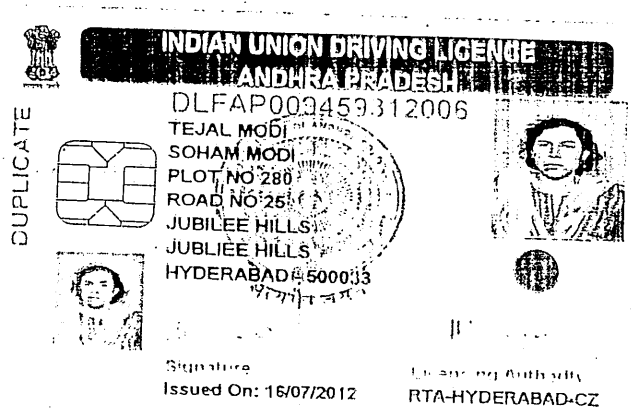
TEJAL SOHAM MODI

JAVANTI LAL MODI

19-10-1970

CERTIFIED TRUE COPY

CERTIFIED TRUE COPY


INDIAN UNION DRIVING LICENCE
ANDHRA PRADESH

DUPLICATE

DLFAP0094593 12006

TEJAL MODI
SOHAM MODI
PLOT NO 280
ROAD NO 25
JUBILEE HILLS
JUBLIEE HILLS
HYDERABAD 500033

Signature

Issued On: 16/07/2012

Licensing Authority
RTA-HYDERABAD-CZ

CERTIFIED TRUE COPY

Non Transport Light Motor Vehicle Non Transport

Date of Validity 18/10/2020
Transport

Date of Validity
Badge No.

Reference No. DLDAP0091480512

Original LA. RTA-HYDERABAD-CZ

Date of First Issue 15/12/2006

Date of Birth 19/10/1970

Blood Group

CERTIFIED TRUE COPY


Platinum
Rewards
Standard
Chartered
4622 7153 6412 4498
4622
VALID FROM
08/10
VALID THRU
09/13
TEJAL MODI
VISA

Dr. Tejal Modi
M.D. (Pathology)
Consultant Pathologist

Apollo HOSPITALS
TOUCHING LIVES
HYDERABAD

Organization Accredited by Joint Commission International

Apollo Hospital, Hyderabad is the first hospital with International Accreditation in A.P

Soham - Coosp

30475100 30475122 (A) 11AR

BAJAJ FINSERV | 0666348 LENDING

Consumer Finance Application Form

Case ID SF64864488

Date

Please fill in all the required details in BLOCK LETTER. Tick ☑ boxes as applicable. * Mandatory Fields

Sourcing Details

Case Referral Type* ☐ WOW Plus ☐ WOW ☐ WOW Lite ☐ WOW Extension ☐ Normal ☐ DDF

Dealer Code* Dealer Name*

Executive Mobile No.* 9059916514019 Executive Name*

Promotion Case* ☐ Yes ☐ No Credit Program Code* 211

Sourcing Surrogate Info 1* Sourcing Surrogate Info 2* HDFC (SIGNATURE

Sourcing Surrogate Info 3* 4617 8730 0077 5012

(Please turnover for surrogate details)

1 Personal Details

Name* SOHAM KUMAR MODI

Date of Birth* 18/10/1969

Marital Status* ☑ Married ☐ Unmarried Gender* ☑ Male ☐ Female

Identification Document (Tick Any One) ☐ Credit Card ☐ PAN Card ☐ Voter ID ☐ Passport ☐ Ration Card ☑ Driving License

Corresponding ID No. DLFAP0092613520017

2 Contact Details

Residence is* ☑ Owned ☐ Rented ☐ Co. Provided ☐ Parental ☐ Bachelor Acco/ Sharing/ PG

Residence Address* PLOT NO-2810 ROAD NO+25

Area/ Locality* JUBILEE HILLS City*

Landmark* Pin Code* 500034

State* Mobile No.* 9849349717

Phone 2 23545721 Residing Since* Years Months

Email ID SOHAMMODI@HOTMAIL.COM

(Please provide your e-mail id in Block letters since the Loan Summary Letter would be mailed on the same)

Preferred Mailing Address* ☐ Residence Address ☐ Office Address Residence-cum Office* ☐ Yes ☐ No

3 Employment/Business Details

Employment Type* ☑ Self-Employed ☐ Salaried ☐ Housewife ☐ Student ☐ Pensioner

Constitution of the Company* ☐ Proprietorship ☐ Partnership ☐ Pvt. Ltd. ☐ Public Ltd. ☐ MNC ☐ Others

Name of the Company/ Business* MODI INVESTMENTS PVT LTD

Designation DIRECTOR Department

Employee ID

Office/Business Address 5-4-187/3&4 IIIrd A 4070R

Area/Locality* M.G ROAD City*

Landmark

State* Pin Code 500003

Office Phone 66335551 Extension No.

4 Product Details

Count of Products being financed* 02 03

Asset Category*

Consumer Durables ☑ LCD / LED / Home Theatre ☐ Color TV ☐ Desktop / Laptop ☐ Washing Machine / Refrigerator / Oven ☑ AC ☐ Furniture ☐ Camera ☐ If Others (Please specify) panasonic AC, samsung player

Lifestyle Products ☐ Furniture ☐ Home Improvement ☐ Fitness Equipment ☐ Luxury Watches ☐ Digital Lifestyle Products ☐ If Others (Please specify)

Applied Loan Amount * 150,000 Gross Tenor* 12 months No. of Advance EMIs* 04 months

LTV * ☐ <=67% ☐ 68-70% ☐ 71-75% ☐ 76-83% ☐ 84-90% ☐ >90%

5 Undertaking

I/We hereby apply for a Finance facility for the Consumer Durable Loan mentioned in this application.

I/We declare that all the particulars and information and details given/filled in this Application Form are true, correct, complete and up-to-date in all respects and that I/We have not withheld any information whatsoever.

I, would like to know through telephonic calls, or SMS on my mobile number mentioned in the Application Form as well as in this undertaking, or through any other communication mode, various BFL loan offer schemes or loan promotional schemes or any other promotional schemes and hereby authorize M/s Bajaj Finance Limited, (BFL) it's employee, agent, associate to do so. I confirm that laws in relation to the unsolicited communication referred in "National Do Not Call Registry" (the "NDNC Registry") as laid down by TELECOM REGULATORY AUTHORITY OF INDIA will not be applicable for such communication/calls/ SMSs received from BFL, its employees, agents and/or associates.

DNC ☐ Yes ☐ No

Mobile No.

X

Signature of the Applicant

BAJAJ FINSERV | LENDING

Application Form | Existing Member Identification Card (EMI Card)

I, hereby, agree to apply for a EMI Card against payment of ₹ 199 /- only.

Date of Application 12/08/2012

SE Code 40014

Dealer Name TMCL

Customer Name SOHAM KUMAR MODI

Customer ID/SFID 6486488

Customer Mobile Number 9849349373

Customer E-mail ID

X

Customer Signature

*T&C applicable as per Loan Application T&C.

Date: DD/MM/YYYY Place: .....

BAJAJ FINSERV | LENDING

LOAN TERM SHEET

BFL copy

01.	SF Deal ID		6486488.
02.	Customer Name		SOHAM KUMAR MODI
03.	Dealer Name		TMC
04.	Rate of Interest % P.A (Flat)	(A)	— NIL —
	Product Financed & Model	(B)	Plasma , A.C.s
05.	Loan Amount Financed		65,000 + 42,500 + 42500.
	EMI Amount For CD	(A)	5417 + 3542 + 3542
	EMI Amount For Insurance	(B)	—
	Total EMI Amount	(A + B)	12,501
06.	Tenor (Months)		8 months
07.	First EMI Due Date		5-10-2012
08.	Mode of Loan Payment		ECS

09. Charges & deductions applicable to this loan are as mentioned in the application form and have been explained to me.

10. I confirm the receipt of Bajaj Finance Limited Terms & Conditions governing this loan.

Received, Read & Understood

Name of Applicant Soham Kumar Modi Signature.....

Name of Co - Applicant ..... Signature.....

PROMISSORY NOTE

₹ 1,00,000/- Date DD/MM/YYYY

ON DEMAND I/WE SOHAM KUMAR MODI promise to pay Bajaj Finance Ltd., 4th Floor , Bajaj Finserv Corporate Office, Off Pune – Ahmednagar Road, Viman Nagar, Pune – 411014, a sum of Rupees One Lakh only.

..... for value received plus interest thereon.

Affix Re.1 Revenue Stamp

× .....

Signature of Applicant

.....

Signature of Co - Applicant(s)

BAJAJ FINANCE LTD.

4th Floor, Bajaj Finserv Corporate Office,
Off Pune-Ahmednagar Road, Viman Nagar,
Pune – 411 014 (Maharashtra)
Tel No. 020 -30405060 / 30405261 / 30405221

DIRECT DEBIT /ECS (DEBIT CLEARING) MANDATE FORM

The Manager

Bank Name : _____

Branch Address : _____

_____

Branch Code : _____

Pin Code | | | | | | |

(Please write the address of the bank's branch as per the cancelled cheque attached.)

I hereby authorize you to debit my account for making payment to **BAJAJ FINANCE LIMITED** through Direct Debit / ECS (Debit clearing) as per the details given as under

A. 9 DIGIT MICR CODE NUMBER OF THE BANK BRANCH : | | | | | | | | | |
(Please write MICR Code of 9 digit number appearing after cheque number in cancelled Cheque. Confirm MICR code with your banker. MICR Code starting and / or ending with 000 are not valid for ECS)

B. ACCOUNT TYPE : _____
(Savings Account/ Current Account / Cash Credit)
(10) (11) (13)

C. LEDGER NO. / LEDGER FOLIO NO. : _____

D. ACCOUNT NO. (If Bank A/c No. is changed due to core banking, confirm with the Bank & write correct A/c No.) The A/c no written here should match with cancelled cheque attached)

Name of Scheme	Date of Effect (DD/MM/YYYY)	Periodicity (M/BiM/Qly/etc.)	Amount of Installment with Upper Limit	Valid up to (DD/MM/YYYY)
	5-10-2012	M	12,501	5-5-2013

E. DATE OF EFFECT (DD/MM/YYYY) : 5-10-2012

F. NAME OF ACCOUNT HOLDER AS IN BANK RECORDS : _____

NAME OF THE JOINT ACCOUNT HOLDER (IF ANY) : _____

NAME OF THE BORROWER : _____

CONTACT NUMBER OF THE ACCOUNT HOLDER : _____
(Mobile Number / Residential Telephone Number)

EMAIL ID OF THE ACCOUNT HOLDER : _____

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the scheme.

Date: x _____ _____
Signature of Account Holder Signature of Joint Account Holder (if any)
(Signature should match with the signature in Bank Records)

Certified that the bank A/c details like A/c Number, A/c Holder Name, A/c Type and MICR code are correct as per our records.

(Bank's Stamp)
Date:

_____
Signature of the Authorized official from the Bank

Loan Account Number: (to be filled by BFL) | | | | | | | | | | | | | | | |

(Mandate to be obtained in 2 copies from customer)

HDFC BANK

A/c.Payee Only

Imperia Premium Banking

USHA KIRAN COMPLEX, GR FLOOR,PARADISE CIRCLE
SAROJINI DEVI ROAD,SECUNDERABAD-500 003,ANDHRA PRADESH
RTGS / NEFT IFSC : HDFC0000042

D D M M Y Y Y Y
Valid for 3 months, if issued from 1st April, 2012

Pay

Or Bearer
या धारक को

Rupees रुपये

अदा करें

₹

A/c No. खाता क्र. 00421200008785 SB A/C

CANCELLED

Payable at par through clearing/transfer at all branches of HDFC BANK LTD

SOHAM MODI

Please sign above /कृपया यहाँ हस्ताक्षर करें

SSSMASAI(C) CTS-2010 210412

⑈677551⑈ 500240003⑆ 109228⑈ 31

PERMANENT ACCOUNT NUMBER

ABMPM6725H

SOHAIL SATISH MODI

SATISH MANILAL MODI

18/10/1969

CERTIFIED TRUE COPY

CERTIFIED TRUE COPY

INDIAN UNION DRIVING LICENCE

ANDHRA PRADESH

DRIVING LICENCE

DL FAP 009261352007

SOHAM KUMAR MODI
SATISH MODI
PLOT NO 280
ROAD NO 25
JUBILEE HILLS
HYDERABAD

Issued on 04-07-2007

RTA HYDERABAD-CE

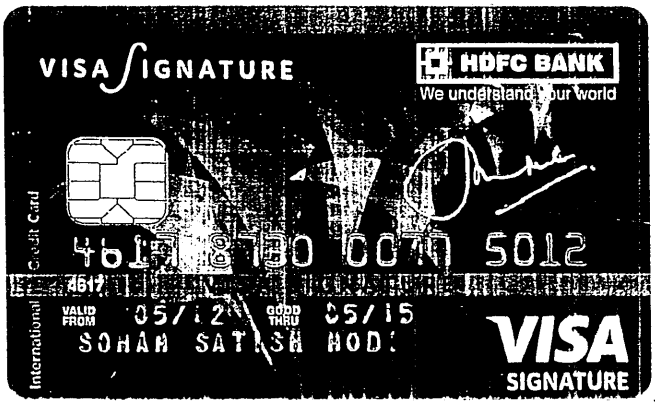
CERTIFIED TRUE COPY

M0932455/07

Class Of Vehicle	Validity
LMV	17-10-2019

Non-Transport	
Transport	
Hazardous Validity	
Badge No:-	
Reference No.	DLFAP009261352007
Original LA.	RTA HYDERABAD - CENTRAL
DOB	18-10-1969
Blood Gr.	
Date of 1st Issue	04-07-2007

CERTIFIED TRUE COPY



CERTIFIED TRUE COPY