



The Women's Co- operative Bank Ltd.

Ganga Niwas
Dr. P. Shirgaonkar Road,
PANAJI - GOA 403 001

From : _____

Date _____ 201 _____

To,
The Women's Co-operative Bank Ltd
Panaji - Goa

Dear Sirs,

Re : Loan/Cash Credit limits of Rs. _____ applied
by me on _____ Number of Dependents _____

I/We give below the details of my / our monthly/yearly income and expenditure and of the net surplus income out of which the above loan / Cash Credit limit will be repaid.

Monthly/Yearly *Income

From Salary Rs. _____
From Business Rs. _____
From other sources(specify) Rs. _____
-do- Rs. _____

*(Delete what is not
applicable)

TOTAL INCOME

Rs. _____ Rs. _____

Monthly/Yearly *Expenditure

Premises/House Rs. _____
Food Rs. _____
Education Rs. _____
Medical Rs. _____
Other (Specify) Rs. _____
-do- Rs. _____

*(Delete what is
not applicable)

TOTAL EXPENDITURE

Rs. _____ Rs. _____

NET SURPLUS INCOME FOR REPAYMENT OF ADVANCE /Rs. _____

I confirm the above details to be accurate and true.

Yours Faithfully