

*Mandatory fields. Do not leave blank as it may lead to delay/ rejection of the application.



THE SENTINEL APPLICATION FORM

For quick processing of your application, please complete all sections in BLOCK LETTERS 📝 in boxes where appropriate and write N. A. if not applicable. Please fill in **CLEAR BLOCK** Letters, without touching the boxes e.g. **A B Preferred Mailing** I/We wish to apply for Life Time Free Bank of Baroda The Sentinel Credit Card. Office Present Permanent Address# **APPLICANT'S INFORMATION#** Mr./Mrs./Ms. First Name Middle Name Last Name Full Name Name to be printed on Credit Card (Max. 20 characters including space) Mother's Maiden Name Father's Name Date of Birth Gender Male Female TG Nationality Resident Indian NRI/PIO AADHAAR No. Marital Status Single Married Widow(er) PAN No. **Educational Qualification:** Graduate Post Graduate Professional Other . Permanent Residential Address Present Residential Address City Pin City Landmark Landmark Tel. (with STD code) Tel. (with STD code Mobile# Email ID# Alternate Mobile No. **OCCUPATION** Employer Type Govt. Department Employment Status# Salaried Retired Organisation: No. of Years in Current Org. Months 2IC Designation: Deputy Inspector General Commandant **Deputy Commandant** Asst. Commandant Subedar Major Subedar Naib Subedar Warrant Officer Rifle Man/Woman Havaldar Agniveer Office Address# City Pin Tel. (with STD code) Extn. Gross Annual Income (in Rs.)# **BANK DETAILS** Bank Name Other Bank A/c No. Savings A/c Current A/c

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	ADD-ON CA	ARDS (Photo I	denity Proof Required)	(Must be over 18 Yea	ars of Age)				
I Would like to apply for Add-on Cards for									
1			M	F TG	Date of Birth#	DD MM YY			
Spouse Parent Sibling	Child Mobile Numbe	er		PAN	No				
2			M	F TG	Date of Birth#	DD MM YY			
Spouse Parent Sibling	Child Mobile Numbe	er		PAN					
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		me in full) do hereb			Company, in the event of m				
to my (mention relationship with the in:	sured) Mr./Mrs./Ms		and I further	declare that his/her re	ceipt shall be sufficient disc				
(Name in full)		Signature		Date	Place				
	СО	LOUR PHO	FOGRAPH _#						
Primary Applicant		Add-on	1		Add-on 2				
The state of the s									
Please Paste		Please Pas	ite		Please Paste	e			
Photograph here		Photograph h			Photograph he				
(colour)		(colour)			(colour)				
		DECLARA	TION						
In consideration of BOB Financial Solutions Limited (BFSL) granting facility to use the credit card, I do hereby declare and confirm that I have personally read, understood and interpreted the MITC (Most Important Terms & Conditions) fully as available on Company's website www.bodinancial.com. Lording that provide any information with regard to Bank of Baroda Credit Card in English language. I will be bound by the terms and conditions as may be in forcer form time to time and receiptuse of the card shall be deemed to be acceptates or from time to time and receiptuse of the card shall be deemed to be acceptate or from time to time and receiptuse of the card shall be deemed to be acceptate and conditions. I agree to be charged for the first year fee in my first statement. In case of application of add- or card(s), largee that I will be billed for such add-on card(s) in the monthly statement. I declare and understand that the Credit Card issued to me, if used overseas, shall be utilized strictly in accordance with the relevant exchange control regulations issued of as amended by the Reserve Bank of I mide (RPSI) from time to time. In the event of any failure to comply with the prevailing exchange control guidelines issued by RBJ by m., I shall be laby m., I shall be la									
Total Amount Due Minimum Amount Due	e Customer specif	fic	% (if not specified total	amount due will be de	bited)				
I have an active Bank of Baroda Credit Card : Yes No I have an existing Merchant relationship (POS) with BFSL : Yes No (If yes, provide MID number :)									
I undertake that all the documents submitted by me with this application are self-attested true copies of the original documents and are deemed to be submitted by me to BFSL. I further understand that in case application is not considered favourably, the Company reserves the right to retain the documents submitted with this application.									
I agree to abide by terms and conditions as may be amended by the Company from time to time, without giving notice to me. The MITC (Most Important Terms & Conditions) as available on the Company's website has been read by									
me and I agree to abide by them. I undertake not to use the Credit Card on Internet or otherwise for purchase of prohibited items like lottery tickets, banned or proscribed magazines, participation in sweepstakes, payment for callback services, remittance in any form									
towards overseas forex trading, margin calls to overseas exchanges/overseas counter party, trading in foreign exchange in domestic/overseas markets etc. I understand that the Company reserves the right to withdraw any of the existing features/conditions including Personal Accidental Death Cover, in which case the nomination details obtained would stand null and void. I further									
understand that in the event of settlement of claim by the Insurance Company against Personal Accidental Death Cover, BFSL dues, if any shall be appropriated first and balance shall be paid to the nominee. In case of default in payment of the card outstanding, Company may refer the matter to the sole arbitrator to be appointed by the Company. The arbitration shall take place in Mumbai and/or Delhi and I undertake to abide by terms and conditions whatsoev-									
er of the award, if any passed by such arbitrator. I confirm and authorize BFSL to (a) Use my Aadhaar details to authenticate me from Unique Identification Authority of India (UIDAI) (b) UIDAI to release my demographic details to BFSL through biometric authentication which BFSL may use for KYC verification (identity/address proof) for the purpose of Credit Card.									
I hereby authorize BFSL to share cardholder information/transact of BFSL or its group companies, subsidiaries, affiliates, business	tion details with parent, subsidiarie			of BFSL for the purposes	of marketing and offering vari	ious products and services			
I am interested to know more about the various other product(s)/service(s) of BFSL and/or affiliates/subsidiary/holding company of BFSL or agents authorized by BFSL and hereby provide my consent to and/or affiliates/subsidiary/holding company of BFSL or agents authorized by BFSL to contact me for the same and this consent shall have an overriding effect on any National Do Not Call (NDNC) registry made/opted by me.									
I confirm that the attached address proofs are presently valid and true verification documents of myself. I will notify BFSL immediately when there is a change in my current residential address, by giving a request along with required KYC documents. In case any of the above information is found to be false, I am aware that I may be held liable for it.									
I/we hereby submit my Aadhaar number/Aadhaar Card/Aadhaar Details ("Aadhaar Details") as issued by UIDAI as proof of identity and Address for KYC purpose. Further, I/we voluntarily provide my/our independent consent for submitting my/pur Aadhaar Details to BOB Financial Solutions Limited (BFSL), as per regulations of Aadhaar Act, 2016 for processing my credit card application. I confirm and agree that BFSL shall not be liable in any manner									
whatsoever due to my submitting Aadhaar Details with BFSL. I further state and declare that while sourcing the application of Bank of Baroda Credit Card: No Cash has been collected from me. No credit limits / additional gifts etc.									
annual fee (2nd year onwards) of Rsevery year. I hereby agree and understand that in the absence of me submitting OVD of my Current Address within a period of 3 months from the date of this application,									
BFSL shall be free to proceed with appropriate remedies, which may include but shall not be limited to cancellation of the Card issued to me. I agree that the credit card billing statement shall be generated as per the available billing cycles (BoB Credit Cards are currently being issued for the billing cycles of 1st, 7th, 16th, 18th or 25th of every month, as per BFSL's discretion).									
Signature of		or BFSL Use	_	-	For Branch Use				
Primary Applicant#	Source Code	Campaign Code	Promo Code	Branch SOL ID	Employee Code (EC No.)	Branch Head EC No.			
X									
Date BOB Financial Solutions Limited									
PlaceBOB Financial Regd. Office: "BARODAHOUSE", 2nd floor,Behind Dewan Shopping Centre,S.V. Road, Jogeshwari (W.), Mumbai - 400 102. INDIA.Phone: 91 22 4206 8502; Fax: 91 22 2677 7560 CIN: U65990MH1994GOI081616, www.bobfinancial.com									