

INDIAN ARMY YODDHA BOBCARD 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**

I/We wish to apply for Life Time Free Yoddha BOBCARD.

Preferred Mailing Address [#]	Present	Permanent	Office
, laar ooo			

APPLICANT'S INFORMATION [#]							
Mr./Mrs./Ms.	First Name	Middle Name		Last Name			
Full Name							
Name to be printed on Credit Card			(Max. 20 characters inclu	uding space)			
Mother's Maiden Name							
Father's Name							
Date of Birth DD MM YY Gender	Male Female	TG Nationality	Resident Indian NRI/PIO				
Marital Status Single Married Widow	(er)	AADHAAR No.					
Educational Qualification: Graduate Post	Graduate Professional	Other PAN No.					
Present Residential Address		Permanent Residential Address					
City	Pin	City					
Landmark		Landmark					
Tel. (with STD code)		Tel. (with STD code					
Mobile#							
Email ID [#]							
Alternate Mobile No.							
	OCCUP	ATION					
Employment Status# Salaried Re	ired Employer Type 🗹 Gov	Department					
Organisation:		No. of Y	Years in Current Org. Mo	onths			
Designation:	Lieutenant General	Major General	Brigadier				
Colonel	Lieutenant Colonel	Major	Captain				
Lieutenant	Subedar Major	Subedar	Naib Subedar				
Havaldar	Naik	Lance Naik	Sepoy				
Agniveer	Veer Nari	Cadet					
Office Address#							
			City				
Pin Tel. (with STD code			Extn.				
Gross Annual Income (in Rs.)#							
BANK DETAILS							
Bank Name							
Bank A/c No.		gs A/c Current A/c	Other				
*Mandatory fields. Do not leave blank as it may lead to delay/ rejection of the application.							

	ADD-ON CARDS (Photo Idenity	Proof Required) (Must be ove	r 18 Years of Age)			
I Would like to apply for Add-on Cards for		M F TG	DD MM	YY		
1 Spouse Parent Sibling Child	Mobile Number		PAN No.			
2		M F TG	Date of Birth#	YY		
Spouse Parent Sibling Child	Mobile Number		PAN No.			
	NOMINATION FOR PRIMAR					
		in the moneys payable by the Ins	urance Company, in the event of my death due to a	ccident		
to my (mention relationship with the insured) Mr./			s/her receipt shall be sufficient discharge to the Con			
(Name in full)			Place			
	COLOUR PHOTOG	RAPH _#				
Primary Applicant	Add-on 1		Add-on 2			
Please Paste Photograph here	Please Paste Photograph here		Please Paste Photograph here			
(colour)	(colour)		(colour)			
	DECLARATION					
In consideration of BOBCARD LIMITED granting facility to use the credit card, I do hereby declare and confirm that I have presonally read, understood and interpreted the MITC (Most Important Terms & Conditions) fully as available on Company's website wwwbolkorad co.ii. Contrime that the Credit Card Shall be declared to BOBCARD LIMITED to provide any information with regard to BOBCARD in English language. I will be bound by the terms and conditions as may be in force from time to time and receiptuse of the card shall be deemed to be acceptance of those terms and conditions. Lagree to be charged for the first year fee in my first statement. In case of application of add-on card(s), I agree 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 overses, shall be understee of the line (RBI) from time to time. In the event I exceed my enditionens are application for and the relevant exchange control guidelines of RBI, I undertake to bring the same immediately to the notice of BOBCARD LIMITED in writing. In the event I and (RBI) from time to me and the Company NgIB by me, I shall be liable for any action under the Foreign Exchange Management A.ct 1999, as anneded and be debarred for facility either at BOBCARD LIMITED inversiting. In the event I and sugges that and the Company NgIB by me, I shall be liable for any action under the Foreign Exchange Management A.ct 1999, as anneded and be debarred for declared and pull shall the product at any time without assigning any reason. I understand that BOBCARD LIMITED works. Also, all SMS related to the card account and a neign end to the application. Nuel Mist BOBCARD LIMITED works. Also, all SMS related to the card account and the registred mohiling the support end for application getting approved. J. Statements would be sent the registred mohiling the application, advert the statement with BOBCARD LIMITED works. Also, all SMS related to the card account and an interse requistor for manint b						
maintained with Bank of	Baroda	branch, against				
monthly/ any dues in Credit Card issued to me on the basis of this application	n form. Yes No		Signature of Joint account Holder if applic	cable		
Total Amount Due Minimum Amount Due	Customer specific % (if	not specified total amount due w	ill be debited)			
	existing Merchant relationship (POS) with BOB		(If yes, provide MID number :	,		
I undertake that all the documents submitted by me with this application are self-atte favourably, the Company reserves the right to retain the documents submitted with I agree to abide by terms and conditions as may be amended by the Company fron	this application.					
abide by them. I undertake not to use the Credit Card on Internet or otherwise for purchase of proh		. ,		÷		
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, BOBCARD LIMITED 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 whatsoever of the award, if any passed by such arbitrator. I confirm and authorize BOBCARD LIMITED to (a) Use my Aadhaar details to authenticate me from Unique Identification Authority of India (UIDAI) (b) UIDAI to release my demographic details to BOBCARD LIMITED through biometric authentication which BOBCARD LIMITED may use for KYC verification (identity/address proof) for the purpose of Credit Card.						
I hereby authorize BOBCARD LIMITED to share cardholder information/transaction services of BOBCARD LIMITED or its group companies, subsidiaries, affiliates, bus I am interested to know more about the various other product(s)/service(s) of BOBC/ affiliates/subsidiary/hold ing company of BOBCARD LIMITED or agents authorized by B	I details with parent, subsidiaries, affiliates, business part siness partners and/or associates. ARD LIMITED and/or affiliates/subsidiary/holding company 30BCARD LIMITED to contact me for the same and this co	of BOBCARD LIMITED or agents auth nsent shall have an overriding effect on ar	prized by BOBCARD LIMITED and hereby provide my consent in National Do Not Call (NDNC) registry made/opted by me.	to and/or		
I confirm that the attached address proofs are presently valid and true verification dd documents. In case any of the above information is found to be false, I am aware th I/we hereby	hat I may be held liable for it. aar Details") as issued by UIDAI as proof of identity and r processing my credit card application. I confirm and agr cation of BOBCARD: No Cash has been collected from ARD will be joining fee (1st year) of Rs. a period of 3 months from the date of this application, BC	Address for KYC purpose. Further, I/w ee that BOBCARD LIMITED shall not b me. No credit limits / additional gifts et and annual fee (2nd year or)BCARD LIMITED shall be free to proce	e voluntarily provide mylour independent consent for submitting biable in any manner whatsoever due to my submitting Aadhaa c. have been promised to me. I shall contact the BOBCARD of wards) of Rsevery year. I hereby ag ed with appropriate remedies, which may include but shall not b	g my/our ar Details Customer gree and 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 (BOBCARD are currently being issued for the billing cycles of 1st, 7th, 16th, 18th or 25th of every month, as per discretion of BOBCARD LIMITED).						
	For BOBCARD LIMITED Use		For Branch Use			
Signature of Primary Applicant#	urce Campaign ode Code	Promo Brand Code SOL				
Χ						
Date			n as BOB Financial Solutions Limited) floor,Behind Dewan Shopping Centre,S.V. Roa	bd		

Place__



EUBGARD LIMITED (formerly known as BOB Financial Solutions Limited) 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.bobcard.co.in