

INDIAN ARMY YODDHA APPLICATION FORM

For quick processing of your application, please complete all sections in BLOCK LETTERS $\sqrt{\ }$ 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** Office Present Permanent I/We wish to apply for Life Time Free Bank of Baroda Yoddha Credit Card. Address# APPLICANT'S INFORMATION# Mr./Mrs./Ms. Middle Name First Name Last Name Full Name Name to be printed on Credit Card (Max. 20 characters including space) Mother's Maiden Name Father's Name Resident Indian NRI/PIO Date of Birth Gender Male Female TG Nationality AADHAAR No. Marital Status Single Married Widow(er) PAN No. Post Graduate **Educational Qualification:** Graduate Professional Other 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. **OCCUPATION** Retired Employer Type Department Employment Status# Salaried Organisation: No. of Years in Current Org. Months Major General Designation: General Lieutenant General Brigadier Colonel Lieutenant Colonel Captain Major Lieutenant Subedar Major Subedar Naib Subedar Havaldar Naik Lance Naik Sepoy Agniveer Veer Nari Cadet Office Address City Tel. (with STD code) Extn. Gross Annual Income (in Rs.)# **BANK DETAILS** Bank Name

Current A/c

Savings A/c

Other

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

Bank A/c No.

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	ADD-ON CA	ARDS (Photo Idenity	Proof Required) (Must be ove	18 Years of Age)		
I Would like to apply for Add-on Cards for						
1 Spouse Parent Sibling	Child Mobile Numbe	r	M F TG	Date of Birth# DD MM YY PAN No.		
2 John John John John John John John John	Office Number		M F TG	Date of Birth# DD MM YY		
Spouse Parent Sibling	Child Mobile Numbe	r		PAN No.		
	NOMINATIO	N FOR PRIMAR	Y APPLICANT#			
ı				urance Company, in the event of my death due to accident		
To a discount of the state of t	·	,				
to my (mention relationship with the ins	sured) Mr./Mrs./Ms		and I further declare that hi	s/her receipt shall be sufficient discharge to the Company.		
(Name in full)		Signature	Date	Place		
	СО	LOUR PHOTOG	RAPH _#			
Primary Applicant		Add-on 1		Add-on 2		
Please Paste		Please Paste		Please Paste		
Photograph here		Photograph here		Photograph here		
(colour)		(colour)		(colour)		
		DECLARATIO	N			
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 and as amended by the Reserve Bank of India (RBI) from time to time. In the event I exceed my entirements as per the exchange control guidelines of RBI. I understake to bring the same immediately to the notice of BFSL in writing. In the event of any failure to comply with the prevailing exchange control guidelines of sea per the Company policies specified from time to time and the Company will be entitled to cancel my application. Cards or to alter the credit/cash withdrawal limits or update the product at any time without assigning any reason. I understand that BFSL will provide the credit card as aper its internal guidelines and I give consent for issuance of any different credit card in case I am not eligible for the credit card applied for. I am also aware and agree that in the event of my application getting approved, E-statements would be sent every month to the email id as updated in BFSL records. Also, all SMIS related to the card account will be sent to the registered mobile number provided in the application. I would like to partner with BFSL on The Go Green initiative. Please mail my credit card billing statement on hard copy of monthly billing statement, please login to your online card account and raise request for a hard copy of monthly billing statement, please login to your online card account and raise request for a hard copy of monthly billing statement, please login to your online card account and raise request for a hard copy of monthly billing statement, please login to your online card account and raise request for a hard copy of monthly billing statement, please login to your online card account and raise request for a hard copy of monthly billing statement, please login to your online card account and receive information from Central KYC Registry						
my/our A/c Noagainst monthly/ any dues in Credit Card issued to me on the basi		Yes No	v.	anch, Signature of Joint account Holder if applicable		
Total Amount Due Minimum Amount Due	Customor occa	fic 0//:	not enecified total amount due	ill he debited)		
Total Amount Due Minimum Amount Due Customer specific % (if not specified total amount due will be debited) 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:						
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 tudes, 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 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 hiometric authentication which BFSL may use for KYC verification (identifyladdress proof) for the purpose of Credit Card. I hereby authorize BFSL to share cardholder information/transaction details with parent, subsidiaries, affiliates, business partners and/or associates. 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 co						
Signature of Primary Applicant#	Source	Campaign	Promo Brand			
X	Code	Code	Code SOL I	D Code (EC No.) EC No.		
ROR Financial Solutions Limited						
Date Place	BOB Final	ncial Regd. O Jogeshv	ffice: "BARODAHOUSE", 2nd	floor,Behind Dewan Shopping Centre,S.V. Road, IDIA.Phone: 91 22 4206 8502; Fax: 91 22 2677 7560 wv.bobfinancial.com		