

Application Form



For quick processing of your application, please complete all sections in BLOCK LETTERS vin boxes where appropriate and write N. A. if not applicable. Please fill in CLEAR BLOCK Letters, without touching the boxes e.g. **A B**

We wish to apply for	For BOBCARD Use			For Branch Use	
Source Code	Campaign Code	Promo Code	Branch SOL ID	Employee Code (EC No.)	Branch Head EC No.
as First Year Fee	e, Zero Annual Fee	<u> </u>	Preferred Mailing Addres	s# Present	Permanent Office
		APPLICANT'	S INFORMATION		
Mr./Mrs./Ms./Dr. Full Name Name to be printed on Credit		First Name		(Max. 20 character	Last Name
ICMAI membership number					3 1 1 1
Mother's Maiden Name					
Father's Name					
					_
Date of Birth	Gender	Male Female	TG Nationality F	Resident Indian NRI/P	O Foreign National
Marital Status Single	Married Widow(er	-)	AADHAAR No		
			PAN No		
Educational Qualification:	Graduate Post G	raduate Professional	Other		
resent Residential Address			Permanent Residential Addr	ess	
y	Pin		City	Pin Pin	
ndmark			Landmark		
I. (with STD code)			Tel.(with STD code)		
bile#					
nail ID [#]					
			PATION		
Employment Status#	Business Profession		Salaried Others		
Employer Type Govt.	NGO Priv				
Name of Organisation / Employ					
Designation:			Employee code (for Bank of B	aroda / its affiliates employees)	└」 └」 └」 └」 └
Department			No. of Years in Curren		
No. of Years in Practice	Less than 1 Year	-5 Years More than 5 Y			
Office Address#					
				City	
Pin	Tel. (with STD code)			Extn.	
Gross Annual Income (in Rs.)#					
		BANK	DETAILS		
Bank Name					
Bank A/c No.		Sav	vings A/c Current A/c	Other	

	ADD-ON CARDS (F	hoto Identity Proof Required) (M	ust be over 18 Yea	rs of Age)			
I Would like to apply for Add-on Cards for			F TG PA	Date of Birth [#] DD MM YY DM			
to my (mention relationship with the	,	and I further dec	are that his/her reco	eipt shall be sufficient discharge to the Company.			
(Name in full)Signature			ate	Place			
	COLOUR F	HOTOGRAPH#					
Primary Applicant Please Paste Photograph here (colour)	Plea Photog	d-on 1 se Paste yraph here olour)		Add-on 2 Please Paste Photograph here (colour)			
	DECLA	RATION					
In consideration of BOBCARD LIMITED granting facility to use the credit card, 1 do hereby declare and confirm that have personally read, understood and interpreted the MITC. (Most Important Terms & Conditions) fully as available on Company's website ww.bobcard.co.in. L continum that have received the MITC. Further, I request BOBCARD LIMITED to provide an information with regard to BOBCARD in English language. I will be bound by the terms and conditions. In case of application of ad-G on card(s), in agree that l will be billed for such ad-on card(s) in the monthly statement. I declare and understand that the Credit Card issued to res, affect deemed to be acceptance of those terms and conditions. In case of application of ad-G on card(s), in agree that l will be billed for such ad-on card(s) in the monthly statement. I declare and understand that the Credit Card issued to res, affect of card asceptance of those terms and conditions. In case of application of ad-G on card(s), in the event of any failure to comply with the prevaiing exchange control guidelines issued by RB by me, I shall be liable for any action under the Foreign Exchange Management Act, 1999, as amended and be debared from the Credit Card facility either at BOBCARD LIMITED in trace or RBI. I agree that are credit intin any user ad agree the Company policies specified from time to time and the Company will be entitled to cancel my applicationcards or to alter the credit card withdrawal limits or update the product at any time without assigning any reason. I understand that BOBCARD LIMITED will provide the credit card applied for. I am also aware and agree that in the erest that meet and a subtate in BOBCARD LIMITED or the eredit card applied for. I am also aware and agree that in the application. I would like to partner with BOBCARD LIMITED or the G area minitorial web and card application and the BOBCARD LIMITED or the and conting the same and agree that in the eredit card applied to the card account will be sent to the registered mobile n							
l am maintaining individual/joint account in Bank of Baroda and I I/we am/are maintaining individual/joint accounts in Bank of Ba		, ,	with you against the a				
my/our A/c No	maintained with Bank of Baroda		branch,				
against monthly/ any dues in Credit Card issued to me on the b	asis of this application form. Yes	No		Signature of Joint account Holder if applicable			
Total Amount Due Minimum Amount D	ue Customer specific	% (if not specified total amo	ount due will be deb	ited)			
I have an active BOBCARD : Yes No	I have an existing Merchant relationship (POS) with BOBCARD LIMITED :	Yes No	(If yes, provide MID number :)			
In case, I hold any variant of BOBCARD, I attributisely ive my consent to BOBCARD LIMITED to upgrade my existing BOBCARD with CMA One BOBCARD with the terms and conditions of CMA One BOBCARD. I further agree and understand that I 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 BOBCARD LIMITED. 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 thems 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 largere to abide by thems. The submitted with this application is including Personal Accidental Death Cover, in which case the nomination details obtained would stand null and viol. I further understand that in the event of settlement of claim by the Insurance Company against Personal Accidental Death Cover, BOBCARD LIMITED to us provide in stand balance shall be paid to the nominee. In case of default in the insurance Company may against Personal Accidental Death Cover, BOBCARD LIMITED to us provide in stand balance shall be paid to the nominee. In case of default in the insurance Company may refer the matter to the sole arbitrator to be appointed by the Company. The arbitration shall take place in Mumbai and/or Dehi and Lundertake to abide by terms and conditions withatseever of of CMA One BOBCARD LIMITED to us the arawind that Professional Indemnity Insurance company. I confirm and autionize BOBCARD LIMITED to us bane cardinal be paid to the tomo submitted by terms and conditions with asses partners and/or associates. (%							
Primary Applicant Date		Regd. Office: "BARODAHOU	SE", 2nd floor,Beh	3 Financial Solutions Limited) ind Dewan Shopping Centre,S.V. Road, one: 91 22 4206 8502; Fax: 91 22 2677 7560			

Place_