

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 BANK OF BARODA CMA One CREDIT CARD

| | For BFSL Use | | | For Branch Use | | | |
|---|----------------------------------|------------------------------|---|------------------------|--------------------|--|--|
| Source Code | Campaign Code | Promo Code | Branch SOL ID | Employee Code (EC No.) | Branch Head EC No. | | |
| Joining fee - ₹ 1. Annu | ual Fee Waived Off. | | Preferred Mailing Addres | s# Present | Permanent Office | | |
| APPLICANT'S INFORMATION | | | | | | | |
| Mr./Mrs./Ms./Dr. First Name Last Name | | | | | | | |
| Full Name | | | | | | | |
| Name to be printed on Credit Card (Max. 20 characters including space) | | | | | | | |
| CMA membership number | | | | | | | |
| Mother's Maiden Name | | | | | | | |
| Father's Name | | | | | | | |
| Date of Birth DD MM YY Gender Male Female TG Nationality Resident Indian NRI/PIO Foreign National | | | | | | | |
| Marital Status Single | Married Widow(er |) | AADHAAR No. | | | | |
| 51 " 10 "F " | | | PAN No. | # | | | |
| Educational Qualification: | Graduate Post G | raduate Professional | Other | | | | |
| Present Residential Address | | | Permanent Residential Addre | ess | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| City | Pin | | City | Pin | | | |
| Landmark | | | Landmark | | | | |
| Tel. (with STD code) | | | Tel.(with STD code) | | | | |
| Mobile# | | | | | | | |
| Email ID# | | | | | | | |
| Alternate Mobile No. | | | | | | | |
| | | OCCUF | | | | | |
| | Business Professiona | | Salaried Others _ | | <u></u> | | |
| Employer Type Govt. | NGO Priva | ate Public | | | | | |
| Name of Organisation / Emplo | oyer | | Faralassa anda (fara Barala of B | de/;he efficience | \\\\. | | |
| Designation: | | | _ Employee code (for Bank of B No. of Years in Current | | | | |
| No. of Years in Practice | Less than 1 Year 1. | -5 Years More than 5 Ye | | . Org. | | | |
| Office Address# | | | | | | | |
| | | | | City | | | |
| Pin | Tel. (with STD code) | | | Extn. | | | |
| Gross Annual Income (in Rs.)# | | | | | | | |
| BANK DETAILS | | | | | | | |
| Bank Name | | | | | | | |
| Bank A/c No. Current A/c Other | | | | | | | |
| #Mandatory fields Do not leave | a blank as it may lood to dalay! | rejection of the application | | | | | |

| | ADD-ON CARDS (Photo | Identity Proof Required) (Must be over 1 | 8 Years of Age | | | |
|---|--|---|--|--|--|--|
| I Would like to apply for Add-on Cards for | ADD-ON CARDS (Finelo | donary i roor roquirou) (illuot 20 ever r | o route or rigo, | | | |
| 1 | | M F TG | Date of Birth# | | | |
| Spouse Parent Sibling | Child Mobile Number | | PAN No. | | | |
| | | M F TG | Date of Birth# DD MM YY | | | |
| Spouse Parent Sibling | Child Mobile Number | | PAN No. | | | |
| | NOMINATION FOR PRIM | MARY APPLICANT | | | | |
| | | | nce Company, in the event of my death due to accident | | | |
| o my (mention relationship with the i | · , | | er receipt shall be sufficient discharge to the Company. | | | |
| Name in full) | Signature | Date | Place | | | |
| COLOUR PHOTOGRAPH# | | | | | | |
| Primary Applicant | Add-on | ! | Add-on 2 | | | |
| Tilliary Applicant | Add-off | | A00-011 2 | | | |
| Please Paste | Please Pa | ste | Please Paste | | | |
| Photograph here | Photograph | here | Photograph here | | | |
| (colour) | (colour) | ! ! | (colour) | | | |
| '' | · | ' | '' | | | |
| consideration of ROR Financial Solutions Limited (RESL) grant | DECLARA | | d interpreted the MITC (Most Important Terms & Conditions) fully | | | |
| English to understand the MITC. Further, I request BOB Financia rom time to time and receipt/use of the card shall be deemed to be demanderstand that the Credit Card issued to me, if used overses event I exceed my entitlements as per the exchange control guide ssued by RBI by me, I shall be liable for any action under the Fore may be reviewed as per the Company policies specified from time | Il Solutions Limited to provide any information with regard be acceptance of those terms and conditions. In case of a as, shall be utilized strictly in accordance with the relevant elines of RBI, I undertake to bring the same immediately to eign Exchange Management Act, 1999, as amended and to to time and the Company will be entitled to cancel my ap | to Bank of Baroda Credit Card in English langua; pplication of add-on card(s), I agree that I will be I exchange control regulations issued and as ame of the notice of BFSL in writing. In the event of any the debarred from the Credit Card facility either at the plication/cards or to alter the credit/cash withdray | C provided is in English language and I am fully conversant with ge. I will be bound by the terms and conditions as may bein force billed for such add-on card(s) in the monthly statement. I declare ended by the Reserve Bank of India (RBI) from time to time. In the failure to comply with the prevailing exchange control guidelines BFSL instance or RBI. I agree that credit limit on my card account wal limits or update the product at any time without assigning any the credit card applied for. I am also aware and agree that in the | | | |
| vent of my application getting approved, E-statements would be pplication. I would like to partner with BFSL on 'The Go Green' in equire hard copy of monthly billing statement, please login to you formation from Central KYC Registry through SMS/ Email on the hereby authorize BFSL to provide and collect information about! | pe sent every month to the email id as updated in BFSL ititative. Please mail my credit card billing statement on the pur online card account and raise request for a hard copy a above registered number/email address. the applicant and or the card account to the financial credit | records. Also, all SMS related to the card accou email ID provided in this form. [Please note that to bill]. I hereby give my consent to BFSL for obta bureaus/regulatory authorities. I confirm that the | unt will be sent to the registered mobile number provided in the no hard copy of monthly statement shall be provided. In case you ining my KYC details from CERSAI CKYC portal and to receive e attached photograph presents true identity of me and that of my | | | |
| addition to the terms of the Card Member Agreement which gover transactions are effected through my card account. I, including m | ns the use of my card. I also confirm that I am not a default y successors, legal heirs, assignees shall be lawfully resp y to defer/ delay the payment of my credit card dues and I es to verify from, and disclose to, any information pertainin | er of any Credit Institute/Bank and my repayment onsible for making payments for the same, as per along with my successors, legal heirs, assignees g to me /my office/residence and/or contact my fa | | | | |
| confirm that I have no insolvency proceedings pending against n therein and agree that a copy of my periodic statement of account lunderstand applicable taxes from time to time will be levied on fer lalso understand that the BFSL reserves the right to vary any or a acceptable modes of communication treating it as a due intimation | ne nor have I ever been adjudicated insolvent. I agree that s will be a conclusive evidence of my liability for the charge es, interest and other charges, as per government guidelir Ill of the Terms & Conditions of the Schedule of Charges fro to the cardholder. | my signature on the charge slip will amount to an is stated therein. ies. om time to time. Changed Terms & Conditions sha | unconditional undertaking by me to pay BFSL the amount stated all be communicated through the BFSL's website and/or by other my accounts maintained with you against the demand raised by | | | |
| /we am/are maintaining individual/ joint accounts in Bank of Bar | oda. I have applied for Bank of Baroda credit card and I/ | we irrevocably authorize the Company to debit | | | | |
| ny/our A/c No | maintained with Bank of Baroda | branc | ch, | | | |
| gainst monthly/ any dues in Credit Card issued to me on the ba | asis of this application form. Yes No | | Signature of Joint account Holder if applicable | | | |
| Total Amount Due | | | | | | |
| have an active Bank of Baroda Credit Card : Yes | No I have an existing Merchant relation | nship (POS) with BFSL : Yes | No (If yes, provide MID number :) | | | |
| In case, I hold any variant of Bank of Baroda credit card, I autho Card. I further agree and understand that (1) outstanding balan Policies and at its absolute discretion. | ice and reward points, if any in my existing variant shall | be transferred to this card and my existing card | stands closed and (2) my eligibility for upgrade is as per BFSL | | | |
| 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 lagree to abide by them. | | | | | | |
| I understand that the Company reserves the right to withdraw any that in the event of settlement of claim by the Insurance Company outstanding, Company may refer the matter to the sole arbitrator passed by such arbitrator. I understand that Professional Indemn issuance and at the time of submission of claim, for the claim to be (b) UIDAI to release my demographic details to BFSL through E | y against Personal Accidental Death Cover, BFSL dues, if to be appointed by the Company. The arbitration shall tak itly Insurance policy is applicable to only ICAI-CMA individ e processed by the insurance company. I confirm and auth | any shall be appropriated first and balance shall te place in Mumbai and/or Delhi and I undertake i lual members who are in practice and holding val norize BFSL to (a) Use my Aadhaar details to auth | be paid to the nominee. In case of default in payment of the card to abide by terms and conditions whatsoever of the award, if any lid Certificate of Practice(CoP) both at the time of CMA-one Card nenticate me from Unique Identification Authority of India (UIDAI) | | | |
| information/transaction details with parent, subsidiaries, affiliate affiliates, business partners and/or associates. (YesN_ I am interested to know more about the various other product(s)/s company of BFSL or agents authorized by BFSL to contact me for | s, business partners and/or associates of BFSL for the p _). ervice(s) of BFSL and/or affiliates/subsidiary/holding com the same and this consent shall have an overriding effect | urposes of marketing and offering various produ pany of BFSL or agents authorized by BFSL and I on any National Do Not Call (NDNC) registry mad | ucts and services of BFSL or its group companies, subsidiaries, hereby provide my consent to and/or affiliates/subsidiary/holding le/opted by me. | | | |
| I confirm that the attached address proofs are presently valid and documents. In case any of the above information is found to be fall I/we hereby _ submit my Aadhaar number/Aadhaar Card/Aad submitting my/our Aadhaar Details to BOB Financial Solutions Lindue to my submitting Aadhaar Details with BFSL. I further state ar to me. I shall contact the BoB Credit Card Customer Helpline in casissued for the billing cycles of 1st, 7th, 16th, 18th or 25th of every | se, I am aware that I may be held liable for it. haar Details ("Aadhaar Details") as issued by UIDAI as ; mited (BFSL), as per regulations of Aadhaar Act, 2016 for nd declare that while sourcing the application of Bank of Ba ase I have any doubts / clarifications. I agree that the credit | proof of identity and Address for KYC purpose. F processing my credit card application. I confirm a aroda Credit Card: No Cash has been collected fr | Further, I/we voluntarily provide my/our independent consent for nd agree that BFSL shall not be liable in any manner whatsoever om me. No credit limits / additional gifts etc. have been promised | | | |
| Signature of Primary Applicant | | | | | | |
| Λ | | Financial Solutions Limited (former | | | | |
| Date Place | Oredit reimagined Joges | | Behind Dewan Shopping Centre,S.V. Road, . Phone: 91 22 4206 8502; Fax: 91 22 2677 7560 obfinancial.com | | | |

Version: CMAONE2.0 JAN 2023