

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 ICAI Exclusive BOBCARD

For BOBCARD Use			For Branch Use		
Source Code	Campaign Code	Promo Code	Branch SOL ID	Employee Code (EC No.)	Branch Head EC No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Zero Joining Fee, Zero Annual Fees.

Preferred Mailing Address#

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)
 ICAI 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.
 PAN No.
 Educational Qualification: Graduate Post Graduate Professional Other

Present Residential Address

 City Pin
 Landmark
 Tel. (with STD code)
 Mobile#
 Email ID#
 Alternate Mobile No.

Permanent Residential Address

 City Pin
 Landmark
 Tel.(with STD code)

OCCUPATION

Employment Status# Business Professional Self Employed Salaried Others
 Employer Type Govt. NGO Private Public
 Name of Organisation / Employer
 Designation: Employee code (for Bank of Baroda / its affiliates employees)#
 Department No. of Years in Current Org. Months
 No. of Years in Practice Less than 1 Year 1-5 Years More than 5 Years
 Office Address#
 City
 Pin Tel. (with STD code) Extn.
 Gross Annual Income (in Rs.)#

BANK DETAILS

Bank Name
 Bank A/c No. Savings 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 Identity Proof Required) (Must be over 18 Years of Age)

I Would like to apply for Add-on Cards for

1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> TG	Date of Birth#	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child	Mobile Number	PAN No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> TG	Date of Birth#	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child	Mobile Number	PAN No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

NOMINATION FOR PRIMARY APPLICANT

I _____ (Name in full) do hereby assign the money payable by the Insurance Company, in the event of my death due to accident to my _____ (mention relationship with the insured) Mr./Mrs./Ms. _____ and I further declare that his/her receipt shall be sufficient discharge to the Company.
 (Name in full) _____ Signature _____ Date _____ Place _____

COLOUR PHOTOGRAPH#

<div style="border: 1px dashed black; padding: 10px; text-align: center;"> Primary Applicant Please Paste Photograph here (colour) </div>	<div style="border: 1px dashed black; padding: 10px; text-align: center;"> Add-on 1 Please Paste Photograph here (colour) </div>	<div style="border: 1px dashed black; padding: 10px; text-align: center;"> Add-on 2 Please Paste Photograph here (colour) </div>
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DECLARATION

In consideration of BOBCARD LIMITED 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.bobcard.co.in. I confirm that I have received the MITC along with the application form and have read all details in it. The MITC provided is in English language and I am fully conversant with English to understand the MITC. Further, I request 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 receipt/use of the card shall be deemed to be acceptance of those terms and conditions. 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 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 entitlements as per the exchange control guidelines of RBI, I undertake to bring the same immediately to the notice of BOBCARD LIMITED in writing. In the event of any failure to comply with the prevailing exchange control guidelines issued by RBI by me, I shall be liable for any action under the Foreign Exchange Management Act, 1999, as amended and be debarred from the Credit Card facility either at BOBCARD LIMITED instance or RBI. I agree that credit limit on my card account may be reviewed as 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 BOBCARD LIMITED will provide the credit card as per 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 BOBCARD LIMITED records. Also, all SMS related to the card account will be sent to the registered mobile number provided in the application. I would like to partner with BOBCARD LIMITED on 'The Go Green' initiative. Please mail my credit card billing statement on the email ID provided in this form. [Please note that no hard copy of monthly statement shall be provided.

In case you require hard copy of monthly billing statement, please login to your online card account and raise request for a hard copy bill. I hereby give my consent to BOBCARD LIMITED for obtaining my KYC details from CERSAI CKYC portal and to receive information from Central KYC Registry through SMS/ Email on the above registered number/ email address. I hereby authorize BOBCARD LIMITED to provide and collect information about the applicant and or the card account to the financial credit bureaus/ regulatory authorities. I confirm that the attached photograph presents true identity of me and that of my additional card applicants, which authorizes the Company to apply to my credit cards and for which I accept full responsibility and agree to not make any claim against the Company, in respect thereto. And that this condition applies in addition to the terms of the Card Member Agreement which governs the use of my card. I also confirm that I am not a defaulter of any Credit Institute/ Bank and my repayments are regular. By signing this Application, I understand that all the transactions are effected through my card account. I, including my successors, legal heirs, assignees shall be lawfully responsible for making payments for the same, as per the schedule in force from time to time. I further understand that mere disputing the transactions shall not absolve my prime liability to defer/ delay the payment of my credit card dues and I along with my successors, legal heirs, assignees will be fully responsible for making payments of the same, as per the payment schedule in force from time to time. I further authorize BOBCARD LIMITED and/or its associates/subsidiaries/affiliates to verify from, and disclose to, any information pertaining to me /my office/residence and/or contact my family members and/or my Employer/Banker/Credit Bureau/CI-BIL/RBI and/or any third party including but not limited to Financial credit bureaus/ regulatory authorities etc. as they deem necessary and/or to do any such verification as they deem necessary. I confirm that I have no insolvency proceedings pending against me nor have I ever been adjudicated insolvent. I agree that my signature on the charge slip will amount to an unconditional undertaking by me to pay BOBCARD LIMITED the amount stated therein and agree that a copy of my periodic statement of accounts will be a conclusive evidence of my liability for the charges stated therein. I understand applicable taxes from time to time will be levied on fees, interest and other charges, as per government guidelines.

I also understand that the BOBCARD LIMITED reserves the right to vary any or all of the Terms & Conditions of the Schedule of Charges from time to time. Changed Terms & Conditions shall be communicated through the BOBCARD LIMITED website and/or by other acceptable modes of communication treating it as a due intimation to the cardholder. I am maintaining individual/joint account in Bank of Baroda and I/we have irrevocably authorized BOBCARD LIMITED to debit any of my accounts maintained with you against the demand raised by BOBCARD LIMITED.

I/we am/are maintaining individual/ joint accounts in Bank of Baroda. I have applied for BOBCARD and I/we irrevocably authorize the Company to debit my/our A/c No. _____ maintained with Bank of Baroda _____ branch, against monthly/ any dues in Credit Card issued to me on the basis of this application form. Yes No

Total Amount Due Minimum Amount Due Customer specific % (if not specified total amount due will be debited)

I have an active BOBCARD LIMITED : Yes No I have an existing Merchant relationship (POS) with BOBCARD LIMITED : Yes No (If yes, provide MID number : _____)

Signature of Joint account Holder if applicable

In case, I hold any variant of BOBCARD, I authorize/give my consent to BOBCARD LIMITED to upgrade my existing BOBCARD with ICAI Exclusive BOBCARD with the terms and conditions of ICAI Exclusive BOBCARD. I further agree and understand that (1) outstanding balance 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 BOBCARD LIMITED Policies and at its absolute discretion.

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 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 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, 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 understand that Professional Indemnity Insurance policy is applicable to only ICAI individual members who are in practice and holding valid Certificate of Practice(CoP) both at the time of Exclusive ICAI members Credit Card issuance and at the time of submission of claim, for the claim to be processed by the insurance company 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 details with parent, subsidiaries, affiliates, business partners and/or associates of BOBCARD LIMITED for the purposes of marketing and offering various products and services of BOBCARD LIMITED or its group companies, subsidiaries, affiliates, business partners and/or associates. (Yes ___ No ___). I am interested to know more about the various other product(s)/service(s) of BOBCARD LIMITED and/or affiliates/subsidiary/holding company of BOBCARD LIMITED or agents authorized by BOBCARD LIMITED and hereby provide my consent to and/or affiliates/subsidiary/holding company of BOBCARD LIMITED or agents authorized by BOBCARD LIMITED 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 BOBCARD LIMITED 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/our Aadhaar Details to BOBCARD LIMITED, as per regulations of Aadhaar Act, 2016 for processing my credit card application. I confirm and agree that BOBCARD LIMITED shall not be liable in any manner whatsoever due to my submitting Aadhaar Details with BOBCARD LIMITED. I further state and declare that while sourcing the application of BOBCARD: No Cash has been collected from me. No credit limits / additional gifts etc. have been promised to me. I shall contact the BOBCARD Customer Helpline in case I have any doubts / clarifications. 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).

Signature of Primary Applicant
X
 Date _____
 Place _____



BOBCARD 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: U65990MH1994G0I081616
 www.bobcard.co.in

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