



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**

I/We wish to apply for BANK OF BARODA EXCLUSIVE CREDIT CARD FOR ICAI MEMBERS

	For BFSL Use			For Branch Use			
Source Code	Campaign Code	Promo Code	Branch SOL ID	Employee Code (EC No.)	Branch Head EC No.		
Lifetime Free Credit C	ard. Annual Fee Waive	ed Off.	Preferred Mailing Address	s# Present	Permanent Office		
			Treferred maning Address		l'ennailent Onice		
		APPLICANT'S	S INFORMATION				
Mr./Mrs./Ms./Dr.		First Name			Last Name		
Full Name							
Name to be printed on Credit				(Max. 20 character	s including space)		
ICAI Membership Number					0 1 <i>7</i>		
Mother's Maiden Name							
Father's Name							
Date of Birth	MM YY Gender	Male Female	TG Nationality R	esident Indian NRI/PI	O Foreign National		
Marital Status Single	Married Widow(er)	AADHAAR No.				
		,	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.							
			PATION				
Employment Status#	Business Professiona	I Self Employed	Salaried Others				
Employer Type Govt.	NGO Priva						
Name of Organisation / Emplo							
Designation:			Employee code (for Bank of B	aroda/ its affiliates employees)	#		
Department			No. of Years in Current				
No. of Years in Practice	Less than 1 Year	-5 Years More than 5 Ye					
Office Address#							
				City			
Pin	Tel. (with STD code)			Extn.			
Gross Annual Income (in Rs.)	#						
BANK DETAILS							
Bank Name							
Bank A/c No.		Savi	ings A/c Current A/c	Other			
			-				

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

I Would like to apply for Add-on Cards for Spouse Parent Sibling Spouse Parent Sibling my	Child Mobile Numbe NOMINATION (Nam the insured) Mr./Mrs./Ms	r	M F TG M F TG	Date of Birth# DD MM YY PAN No.							
Name in full)	(Nam(Nam		APPLICANI								
Name in full)	the insured) Mr./Mrs./Ms	ne in full) do hereby assign	NOMINATION FOR PRIMARY APPLICANT								
Name in full)				Company, in the event of my death due to accident							
		ignature	and i further declare that his/her	receipt shall be sufficient discharge to the Company. Place							
				T1000							
			АГП"								
Primary Applicant Please Paste Photograph here (colour)		Add-on 1 Please Paste Photograph here (colour)		Add-on 2 Please Paste Photograph here (colour)							
''		DECLARATION		''							
ssigning any reason. I understand that BFSL will provide, gree that in the event of my application getting approved, in the application. I would like to partner with BFSL on 'The n case you require hard copy of monthly billing statement, eceive information from Central KYC Registry through SM hereby authorize BFSL to provide and collect information ny additional card applicants, which authorizes the Compa n addition to the terms of the Card Member Agreement wi all the transactions are effected through my card account. Inderstand that mere disputing the transactions shall not a further authorize BFSL and/or its associates/subsidiaries/ IL/RBI and/or any third party including but not limited to F confirm that I have no insolvency proceedings pending ac tated therein and agree that a copy of my periodic statem understand that the BFSL reserves the right to vary ther acceptable modes of communication treating it as a	the credit card as per its internal guidelines E-statements would be sent every month to 6 G Green' initiative. Please mail my credit please login to your online card account ar SIS Email on the above registered number/ about the applicant and or the card account any to apply it to my credit cards and for whi- nich governs the use of my card. I also confi I, including my successors, legal heirs, assi absolve my prime liability to defer/ delay the ne to time. 'affiliates to verify from, and disclose to, any 'inancial credit bureaus' regulatory authoriti gainst me nor have I ever been adjudicated ent of accounts will be a conclusive evidence ed on fees, interest and other charges, as p any or all of the Terms & Conditions of the S ue intimation to the cardholder.	and I give consent for issuance of the email id as updated in BF card billing statement on the end raise request for a hard coperation of the end and raise request for a hard coperation ich I accept full responsibility a imm that I am not a defaulter of gnees shall be lawfully respon payment of my credit card dur information pertaining to me / information pertaining to me / information pertaining to me / se etc. as they deem necessar insolvent. I agree that my sign se of my liability for the charge er government guidelines. Schedule of Charges from time	e of any different credit card in case I am SL records. Also, all SMS related to the c imail ID provided in this form. [Please not y bill]. I hereby give my consent to BFSL s/ regulatory authorities. I confirm that the nd agree to not make any claim against t any Credit Institute/ Bank and my repayn sible for making payments for the same, , as and I along with my successors, legal I my office/residence and/or contact my far y and/or to do any such verification as th ature on the charge slip will amount to ar s stated therein.	neirs, assignees will be fully responsible for making payments nily members and/or my Employer/Banker/Credit Bureau/CI-							
we am/are maintaining individual/ joint accounts in Bank	of Baroda. I have applied for Bank of Barod	da credit card and I/we irrevoo	ably authorize the Company to debit								
ny/our A/c No gainst monthly/ any dues in Credit Card issued to me on	maintained with Bank of Baroda the basis of this application form.	/es No	branch,	Signature of Joint account Holder if applicable							
Total Amount Due Minimum Amou	unt Due Customer specific	c % (if n	ot specified total amount due will be	debited)							
have an active Bank of Baroda Credit Card :	Yes No I have an existing	g Merchant relationship (P) DS) with BFSL : Yes No	(If yes, provide MID number :)							
f BoB Credit Card Exclusive for ICAI members. I further nd (2) my eligibility for upgrade is as per BFSL Policies undertake that all the documents submitted by me with onsidered favourably, the Company reserves the right to agree to abide by terms and conditions as may be amen ne and I agree to abide by them. undertake not to use the Credit Card on Internet or other owards overseas forex trading, margin calls to overseas a understand that in the event of settlement of claim by the ayment of the card outstanding, Company may refer the right any passed by such arbitrator. I understa me of Exclusive ICAI members Credit Card issuance a me form Unique Identification Authority of India (UIDAI) credit Card. I hereby authorize BFSL to share cardholder hall have an overriding effect on any National Do Not Car when there is a change in my current residential address, we herebysubmitting Aadhaar number/Aadhaar Carc ubmitting my/our Aadhaar Details to BOB Financial Soti withstosever due to my submitting Aadhaar Details with BF	agree and understand that (1) outstanding and at its absolute discretion. this application are self-attested true copie retain the documents submitted with this and ded by the Company from time to time, with wise for purchase of prohibited items like lo exchanges/overseas counter party, trading draw any of the existing features/ condition Insurance Company against Personal Acc matter to the sole arbitrator to be appointed th nd that Professional Indemnity Insurance p and at the time of submission of claim, for th b) UIDAI to release my demographic detail information/transaction details with parent e, affiliates, business partners and/or asso d by BFSL and hereby provide my consent all (NDNC) registry made/opted by me. I co by giving a request along with required K' t/Aadhaar Details ("Aadhaar Details") as iss ations Limited (BFSL), as per regulations c 'SL. I further state and declare that while ss Card Customer Helpline in case I have any	g balance and reward points, as of the original documents a pplication. hout giving notice to me. The N ttery tickets, banned or proscr in foreign exchange in domes ns including Personal Acciden idental Death Cover, BFSL di oy the Company. The arbitratio bolicy is applicable to only ICA to applicable to only ICA e claim to be processed by th Is to BFSL through biometric r i, subsidiaries, affiliates, busin citates. (Yes <u>No</u>). I to and/or affiliates/subsidiary/ nnfirm that the attached addre yC documents. In case any o sued by UIDAI as proof of ider of Aadhaar Act, 2016 for proco ourcing the application of Ban y doubts / clarifications. I agree	if any in my existing variant shall be trar nd are deemed to be submitted by me to AITC (Most Important Terms & Condition: ibed magazines, participation in sweepst ic/overseas markets etc. tal Death Cover, in which case the nom les; if any shall be appropriated first and n shall take place in Mumbai and/or Delhi ul individual members who are in practic ess partners and/or associates of BFSL am interested to know more about the vy holding company of BFSL or agents auti ss proofs are presently valid and true vei the above information is found to be fal tity and Address for KYC purpose. Furth essing my credit card application. I confit k of Baroda Credit Card: No Cash has b	o BFSL. I further understand that in case application is not s) as available on the Company's website has been read by akes, payment for callback services, remittance in any form ination details obtained would stand null and void. I further balance shall be paid to the nominee. In case of default in and I undertake to abide by terms and conditions whatsoeve e and holding valid Certificate of Practice(CoP) both at the orize BFSL to (a) Use my Aadhaar details to authenticate (YC verification (identity/address proof) for the purpose of for the purposes of marketing and offering various products arious other product(s)/service(s) of BFSL and/or affiliate)- norized by BFSL to contact me for the same and this conse- fication documents of myself. I will notify BFSL immediate!							
Signature of Primary Applicant		BOB Financi									

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Place_

Credit reimagined

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