

varunah: 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 wish to apply for Life Time Free Indian Navy Varunah Credit Card.	Preferred Mailing Address# Present Permanent Office						
APPLICANT'S INFORMATION#							
Mr./Mrs./Ms. First Name	Middle Name Last Name						
Full Name							
Name to be printed on Credit Card	(Max. 20 characters including space)						
Mother's Maiden Name							
Father's Name							
Date of Birth DD MM YY Gender Male Female TG	Nationality Resident Indian NRI/PIO						
Marrital Status Single Married Widow(er)	AADHAAR No.						
Educational Qualification: Graduate Post Graduate Professional Other	PAN No.						
Present Residential Address Permanent	Residential Address						
City Pin City	Pin						
Landmark							
Tel. (with STD code)	TD code						
Mobile#							
Email ID#							
Alternate Mobile No.							
OCCUPATION							
Employment Status# Salaried Retired Employer Type of Govt. Departm	ent						
Organisation:	No. of Years in Current Org. Months						
Designation: Vice Admiral Rear Admiral	Commodore Captain Commander						
Lt. Commander Lieutenant Sub Lieutenant	Midshipman Master Chief Petty officer 1st Class						
Master Chief Petty officer 2nd Class Chief Petty Officer	Petty Officer Leading Seaman						
Seaman (First Class) Seaman (Second Class) Agniveer All Naval Civilians							
Office Address#							
	City						
Pin Tel. (with STD code)	Extr.						
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.							

I am maintaining individual/joint account in Bank of Baroda and I/we have irrevocably authorized Bank of Baroda/BOB Financial Solutions Limited (BFSL) to debit any of my accounts maintained with you against the demand raised

by BFSL (previously known as Bobcards Ltd.) I/we am/are maintaining individual/ joint accounts in Bank of Baroda. I have applied for Bank of Baroda credit card and I/we irrevocably authorize the Company to debit maintained with Bank of Baroda branch against monthly/ any dues in Credit Card issued to me on the basis of this application form. No Signature of Joint account Holder if applicable Minimum Amount Due Customer specific % (if not specified total amount due will be debited) No (If yes, provide MID number : I have an active Bank of Baroda Credit Card: Yes No Yes I have an existing Merchant relationship (POS) with 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

l 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

Iundertake 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 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 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 biometric authentication which BFSL may use for KYC verification (identity/address 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 of BFSL for the purpose of marketing and offering various products and services of BFSL for the purpose of marketing and offering various products and services of BFSL for the purpose of marketing and offering various products and services of BFSL for the purpose of marketing and offering various products and services of BFSL for the purpose of marketing and offering various products and services of BFSL for the purpose of marketing and offering variou

of BFSL or its group companies, 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 and hereby provide my consent to 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 and hereby provide my consent to 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 and hereby provide my consent to 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 and hereby provide my consent to and/or affiliates/subsidiary/holding company of BFSL or agents authorized by BFSL or agents authorized by BFSL or agents authorized by BFSL or agents are agreed by BFSL or a

ing 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 confirm that the attached address proofs are presently valid and true verification documents of myself. I will notify BFSL 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.

KYC documents. In case any of the above information is found to be talse, I am aware that I may be held just by a considering the property of identity and Address for KYC purpose. Further, I we voluntarily provide my/our independent consent for submitting my/our Addharan Details (Addharan 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 Addharan Details to BOB Financial Solutions Limited (BFSL), as per regulations of Addharan Act, 2016 for processing my credit card application. I confirm and agree that BFSL shall not be liable in any manner whatsoever due to my submitting Addharan Details with BFSL. I further state and declare that while sourcing the application of Bank of Baroda Credit Card: No Cash has been collected from me. No credit limits / additional gifts etc. have been promised to me. I shall contact the BoB Credit Card Customer Helpline in case I have any doubts/clarifications. Pricing applicable on my BoB credit card will be joining fee (1st year) of Rs. ______ every year. I hereby agree and understand that in the absence of me submitting OVD of my Current Address within a period of 3 months from the date of this application, BFSL shall be free to proceed with appropriate remedies, which may include but shall not be limited to cancellation of the Card issued to me. I agree that the credit card billing statement shall be generated as per the available billing statement shall be generated as per the available billing statement shall be generated as per the available billing statement shall be generated as per the available billing statement shall be generated as per the available billing statement shall be generated as per the available billing statement shall be generated as per the available billing statement shall be generated as per the available billing statement shall be generated as per the available billing statement shall be generated as per the available billing statement shall be g

cycles (BoB Credit Cards are currently being issued for the billing cycles of 1st, 7th, 16th, 18th or 25th of every month, as per BFSL's discretion).

Signature of Primary Applicant#		
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Data		

Place

For BFSL Use		For Branch Use			
Source	Campaign	Promo	Branch	Employee	Branch Head
Code	Code	Code	SOL ID	Code (EC No.)	EC No.



Regd. Office: "BARODA HOUSE", 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: U65990MH1994GOI081616 www.bobfinancial.com