

BOBCARD 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.

I/We wish to apply for#

Credit Card	EASY	SELECT	PREMIER	PRIME	BUSINESS
First year*/Annual fee**	₹500/-	₹750/-	₹1,000/-	NIL	NIL / ₹500/-

Preferred Mailing			
Address [#]	Present	Permanent	Office

I agree to be charged for the first year credit card annual fee in my first statement.

*Reversed if spends within 60 days of card issuance : ₹ 6,000 for Easy, ₹ 7,500 for Select and ₹ 10,000 for Premier **Waived if spends in preceding year : ₹ 35,000 for Easy, ₹ 70,000 for Select, ₹ 120,000 for Premier and ₹ 50,000 for Business

APPLICANT'S INFORMATION#																				
Mr./Mrs./Ms./Dr.				st Name	e 					Middle N	ame								Last	Name
Full Name																				
Name to be printed on Credit Card (Max. 20 characters including space)								e)												
Business name as desired on the (Applicable for Business Cards of															(Max. 2	20 chara	cters ir	ncluding	g spac	e)
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(e	r)						A	ADHAAF	R No.									
GSTIN No.						(Mand	atory if re Bussine:	equired or ss Card)	statem	^{ent} PAN	No.									
Educational Qualification:	Graduate	Post C	Graduate		Professio	r		,												
Present Residential Address							Perm	nanent	Reside	ential Ad	dress									
City		Pi					City								Pin					
Landmark							Land													
Tel. (with STD code)							Tel. (with ST	D coo	le										
Mobile [#]																				
Email ID [#]																				
Alternate Mobile No.																				
					0		PATIO	ON												
Employment Status# Bus	siness	Profession	al	Self	Employe	ed	Sa	alaried		Othe	ers									
Employer Type Govt.	NGO	Priv	rate	Pul	olic															
Name of Organisation / Employer																				
Designation:							_ Em	ployee	code (for Bank	of Ba	roda /	its aff	filiates	emplo	/ees)# _				
Department								No.	of Yea	ars in Cu	rrent (Drg.			Мо	nths				
Office Address#																				
												Cit	у 🗌							
Pin	Tel. (with S	STD code)										Extr	n.							
Gross Annual Income (in Rs.)#																				
					BA	NK D)ETA	ILS												
Bank Name																				
Bank A/c No.						Savi	ings A/o		C	urrent A/	c [Othe	er [L		
*Mandatory fields. Do not leave blank as it may lead to delay/ rejection of the application.																				

ADD-ON CARE	S (Photo Idenity Proof Req	quired) (Must be over 18 `	Years of Age) (Not Applicabl	le for Business Card)								
I Would like to apply for Add-on Cards for			M F TG	Date of Birth#	YY							
Spouse Parent Sibling	Child Mobile Number			PAN No.								
2			M F TG	Date of Birth [#]	YY							
Spouse Parent Sibling	Child Mobile Number			PAN No.								
	NOMINATION	FOR PRIMARY	APPLICANT [#]									
I(Name in full) do hereby assign the moneys payable by the Insurance Company, in the event of my death due to accident												
,												
(Name in full)		gnature		Place								
COLOUR PHOTOGRAPH _#												
Primary Applicant		Add-on 1 Please Paste		Add-on 2 Please Paste								
Please Paste Photograph here		Photograph here (colour)		Photograph here (colour)								
(colour)		Not Applicable for Business Card		Not Applicable for Business Card								
		DECLARATION										
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, a grave back hards or adfords. Taggere that i will be likel for such add-or card(s), I agree that i will be billed for such add-or card(s). Taggere that i will be billed for such add-or card(s), I agree that i will be billed for such add-or card(s). Taggere that i will be billed for such add-or card(s), I agree that i will be billed for such add-or card(s). Taggere that i will be billed for such add-or card(s), I agree that i will be billed for such add-or card(s). Taggere that i will be billed for any action under the Foreign Exchange damagement Act, 1999, as amended and be debared form the for add-or card(s). Taggere that i will be similed for any action under the Foreign Exchange damagement Act, 1999, as amended and be debared form the fore that a by mein without assigning any reason. I understand that DOBCARD LIMITED in summa conditions. I add the provide that any time without assigning any reason. I understand that DOBCARD LIMITED in writing and the provide the credit card as per this forms and 1 give consore 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 i da supdated in BOBCARD LIMITED to provide an this form. [Please not than to add or cord(s). I additionate the trade add be debared and be deba												
maintained w monthly/ any dues in Credit Card issued to me on the basis of this	s application form. Yes	No	branch, against	Signature of Joint account Holder if applical	ble							
Total Amount Due Minimum Amount Due	e Customer specific	% (if no	ot specified total amount due w	vill be debited)]							
I have an active BOBCARD: Yes No I have an existing Merchant relationship (POS) with BOBCARD LIMITED: Yes No (If yes, provide MID number :) 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, 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 arbitration shall take olace in Mumbai and/or Delhi and/or D												
conditions whatsoever of the award, if any passed by such arbitrator. 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 or the purposes of marketing and offering various products and services of BOBCARD LIMITED or its group companies, subsidiaries, affiliates, business partners and/or associates of BOBCARD LIMITED or the purposes of marketing and offering various products and services of BOBCARD LIMITED or to group company is group companies, subsidiaries, affiliates, business partners and/or associates of BOBCARD LIMITED or agents authorized by BOBCARD LIMITED or to 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 prosfs 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 herebysubmit 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 processing my credit card application. I confirm and agree that BOBCARD LIMITED and preseduation and page that be attached address with BOBCARD LIMITED as a not becard application. I confirm and agree that BOBCARD Customer Helpline												
Signature of			Promo Bran		d							
Primary Applicant#	Code	Code	Code SOL	ID Code (EC No.) EC No.	_							
Date				n as BOB Financial Solutions Limited)								
Place		logeshwar		floor,Behind Dewan Shopping Centre,S.V. Road NDIA.Phone: 91 22 4206 8502; Fax: 91 22 2677								

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: U65990MH1994GOI081616 www.bobcard.co.in