

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 ICSI Diamond BOBCARD

	For BOBCARD Use			For Branch Use		
Source Code	Campaign Code	Promo Code	Branch SOL ID	Employee Code (EC No.)	Branch Head EC No.	
Zero Joining Fee, Zero	Annual Fees					
0			Preferred Mailing Address	Present	Permanent Office	
APPLICANT'S INFORMATION						
Mr./Mrs./Ms./Dr./		First Name			Last Name	
Full Name						
Name to be printed on CS Cre	edit Card C S X			(Max. 17 characters	including space)	
CS membership number						
Mother's Maiden Name						
Father's Name						
Date of Birth	MM YY Gender	Male Female	TG Nationality Re	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 Addres	ss		
City	Pin		City	Pin Pin		
Landmark						
Tel. (with STD code)			Tel.(with STD code)			
Mobile#						
Email ID#						
Alternate Mobile No.						
		OCCUF	PATION			
Employment Status#	Business Professiona	al Self Employed	Salaried Others			
Employer Type Govt.	NGO Priva	ate Public				
Name of Organisation / Emplo	ver					
Designation:			_ Employee code (for Bank of Bar	roda / its affiliates employees) ³	•	
Department			No. of Years in Current (
No. of Years in Practice	Less than 1 Year	-5 Years More than 5 Ye				
		-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.			ngs A/c Current A/c	Other		
#Mandatory fields. Do not leav	e blank as it may lead to delay/					

ADD-ON CA	RDS (Photo Identity Proof Required)	(Must be over 18 Years of Age)			
I Would like to apply for Add-on Cards for					
		M F TG	Date of Birth [#]		
Spouse Parent Sibling Child	Mobile Number		PAN No.		
2		M F TG	Date of Birth#		
Spouse Parent Sibling Child	Mobile Number		PAN No.		
NC	DMINATION FOR PRIMARY	APPLICANT			
١	(Name in full) do hereby assign t	he money payable by the Insurance	Company, in the event of my death due to accident		
to my (mention relationship with the insured) Mr./Mrs.			eceipt shall be sufficient discharge to the Company.		
(Name in full)	Signature	Date	Place		
	COLOUR PHOTOGR	APH#			
Primary Applicant	Add-on 1		Add-on 2		
Please Paste	Please Paste		Please Paste		
Photograph here	Photograph here		Photograph here (colour)		
(colour)	(colour)				
·'			·/		
In consideration of BOBCARD LIMITED granting facility to use the credit card, I do	DECLARATION				
used overseas, shall be utilized strictly in accordance with the relevant exchange control regulations issued by the Reserve Bank of India (RBI) from time to time. In the event I exceed my entitlements as part the exchange control guidelines stroked by undertake to bring the same immediately to the notice of BOCKARD LIMITED in writing. In the event of any failure to comply with the prevailing exchange dividines issued by RBI by me, Ishall be liable to consent for issuance of any different credit cash withdrawal limits or update the product at any time without assigning any reason. Inderstand that BOECARD LIMITED in writing approved, E-statements would be sent every month to the email das updated in BOECARD LIMITED received. As, all SMS related to the card account will be sent to the registered mobile number initiative. Please mail my credit card holds for the credit card applied for. Immediately to the node of 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 the acred to construct and bard 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 writes. I confirm that the attached photograph presents thre identity of me and that of my additional card application. I would have the exait for a hard copy bill. I hereby advortise. I confirm that the attached photograph presents thre identity of me and that of my additional card applications, which authorizes the Company to apply it to my credit card as pert in a dow or egistered number / email address. I hereby advortize BOBCARD LIMITED for writing appresents of the same, and regress that its condition applies in addition to the terms of the attrached photograph presents three identity of me and that of my additional card application, and regress that its condition applies in addition to the terms of the address and for which 1 acceptfull responsib					
I/we am/are maintaining individual/ joint accounts in Bank of Baroda. I have applie my/our A/c No maintained wi	th Bank of Baroda	branch,			
against monthly/ any dues in Credit Card issued to me on the basis of this applica			Signature of Joint account Holder if applicable		
Total Amount Due Minimum Amount Due	Customer specific	t specified total amount due will be d			
	existing Merchant relationship (POS) with BO		No (If yes, provide MID number :)		
			······		
In case, I hold any variant of BOBCARD LIMITED, I authorise/give my consent to BOBCARD LIMITED to upgrade my existing BOBCARD with ICSI Diamond BOBCARD with the terms and conditions of ICSI Diamond 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 understand that the Company reserves the right to withdraw any of the existing features/ conditions including PersonalAccidental 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 CS individual members who are in practice and holding valid Certificate of Practice(COP) both at the time of ICSI Diamond 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 to reluce of BOBCARD LIMITED to reluce of BOBCARD LIMITED to reluce of BOBCARD LIMITED to may use for KYC verification (identity/address proof) for the purposes of Groefit 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 and/or affiliates/subsidiary/holding company of BOBCARD LIMITED and hereby provide my consent to and/or affiliates/subsidiary/holding company of BOBCARD LIMITED and hereby provide my consent to and/or affiliates/subsidiary/holding company of BOBCARD LIMITED on any Rational 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 dystant 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. I say 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 LIMITED. No Cash has been collected from me. No credit limits / additional gifts etc. have been promised to me. I shall contact the BOBCARD LUMITED. I further state and doclare that while sourcing the arplication. I say 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).					
Primary Applicant					

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Primary Applicant
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Date

Place_

