

## **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/We wish to apply for BANK OF BARODA ICSI Diamond CREDIT CARD

	For BFSL Use			For Branch Use			
Source Code	Campaign Code	Promo Code	Branch SOL ID	Employee Code (EC No.)	Branch Head EC No.		
Joining fee - Life time	free		Preferred Mailing Addres	s# Present	Permanent Office		
APPLICANT'S INFORMATION							
Mr./Mrs./Ms./Dr./	rcs	First Name			Last Name		
Full Name							
Name to be printed on CS Credit Card C S (Max. 17 characters including space)							
CS 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. <sup>#</sup>							
Educational Qualification:	Graduate Post Gr	aduate Professional	Other				
Present Residential Address			Permanent Residential Addr	ess			
City City	Pin		City	Pin			
City Landmark			Landmark				
Tel. (with STD code)			Tel.(with STD code)				
Mobile#			rei.(with 31D code)				
Email ID#							
Alternate Mobile No.							
		occu	PATION				
	Business Professiona		Salaried Others _				
Employer Type Govt.	NGO Priva	te Public					
Name of Organisation / Emplo	yer						
Designation:				aroda/ its affiliates employees)#			
Department			No. of Years in Current	t Org. Months			
No. of Years in Practice	Less than 1 Year 1-	5 Years More than 5 Y	ears				
Office Address#							
				City			
Pin	Tel. (with STD code)			Extn.			
Gross Annual Income (in Rs.)#							
Paul Nama		BANK I	DETAILS				
Bank Name			ingo A/o	Other			
Bank A/c No.		Sav	rings A/c Current A/c	Other			

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	ADD-ON CARDS	(Photo Identity Proof Required) (Must be over 18 Ye	ars of Age)				
I Would like to apply for Add-on Cards for							
1		M F TG	Date of Birth# DD MM YY				
Spouse Parent Sibling	Child Mobile Number	F	PAN No.				
2		M F TG	Date of Birth# DD MM YY				
Spouse Parent Sibling	Child Mobile Number		PAN No.				
opouse I arent Sibiling			AN NO.				
		PRIMARY APPLICANT					
	,	do hereby assign the money payable by the Insurance C					
to my (mention relationship with	,		ceipt shall be sufficient discharge to the Company.				
(Name in full)	-	Date	Place				
	COLOUR	PHOTOGRAPH#					
Primary Applicant	Ā	dd-on 1	Add-on 2				
Please Paste		ease Paste	Please Paste				
Photograph here (colour)		ograph here (colour)	Photograph here (colour)				
(colour)		(colour)	(colour)				
''	DECL	ARATION	''				
In consideration of ROR Financial Solutions Limited (RESL)		ARATION are and confirm that I have personally read, understood and inte	properly the MITC (Most Important Terms & Conditions) fully				
as available on Company's website www.bobfinancial.com.l 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 BOB Financial Solutions. Limited to provide any information with the application form and have read all details in it. The MITC provided is in English language, and I am and conditions as may bein 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, it used overseas, shall be utilized strictly in accordance with the relevant exectange control regulations is sued and as amended by the Reserve Beark of India (RBI) from time to time. In the event of any failure to comply with the prevailing exchange control guidelines of RBI. I undertake to bring the same and additions of the company policies is specified from time to time and the Credit Card facility either at BFSL 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 cand a policy or the cardid card in a specific and the destroy of the company policies is specified from time to time and the Company policies is specified from time to time and the Company policies specified from time to time and the Company policies is specified from time to time and the Company policies is specified from time to time and the Company policies is specified from time to time and the Company policies is specified from time to time and the Company policies is specified from time to time the company policies and the company policie							
I/we am/are maintaining individual/ joint accounts in Bank of		ard and I/we irrevocably authorize the Company to debit					
my/our A/c Noagainst monthly/ any dues in Credit Card issued to me on the	maintained with Bank of Baroda the basis of this application form. Yes	branch,	Cinnet we of laint account Halden if annihable				
			Signature of Joint account Holder if applicable				
Total Amount Due Minimum Amou		% (if not specified total amount due will be de	,				
I have an active Bank of Baroda Credit Card: Yes No I have an existing Merchant relationship (POS) with BFSL: No (If yes, provide MID number:)							
In case, I hold any variant of Bank of Baroda credit card, I authorise/give my consent to BFSL to upgrade my existing Bank of Baroda credit card with BoB ICSI Diamond Credit Card with the terms and conditions of BoB ICSI Diamond Credit Card. 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 BFSL 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 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.  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							
that in the event of settlement of claim by the Insurance Coroutstanding, Company may refer the matter to the sole arbipassed by such arbitrator. I understand that Professional Ir issuance and at the time of submission of claim, for the claim (b) UIDAI to release my demographic details to BFSL throinformation/transaction details with parent, subsidiaries, at affiliates, business partners and/or associates. (YesN_I am interested to know more about the various other produc company of BFSL or agents authorized by BFSL to contact r I confirm that the attached address proofs are presently valid documents. In case any of the above information is found to I/we hereby	mpany against Personal Accidental Death Cover, BFS trator to be appointed by the Company. The arbitration idemnity Insurance policy is applicable to only CS indin to be processed by the insurance company. I confirm ugh biometric authentication which BFSL may use for filialtes, business partners and/or associates of BFSL policy. (15)/service(s) of BFSL and/or affiliates/subsidiary/hole ne for the same and this consent shall have an overridin d and true verification documents of myself. Juil notify be false, I am aware that I may be held liable for it. 3//Adhaar Details' ("Aadhaar Details") as issued by U	sonal Accidental Death Cover, in which case the nomination det L dues, if any shall be appropriated first and balance shall be pan shall take place in Mumbai and/or Delhi and I undertake to abi ividual members who are in practice and holding valid Certifica and authorize BFSL to (a) Use my Aadhaar details to authericator KYC verification (identity/address proof) for the purpose of for the purposes of marketing and offering various products a ding company of BFSL or agents authorized by BFSL and hereb ng effect on any National Do Not Call (NDNC) registry made/opt y BFSL immediately when there is a change in my current residulDAI as proof of identity and Address for KYC purpose. Furthe 2016 for processing my credit card application. I confirm and ag	aid to the nominee. In case of default in payment of the card de by terms and conditions whatsoever of the award, if any tee of Practice(CoP) both at the time of ICSI Diamond Card ate me from Unique Identification Authority of India (UIDAI) Credit Card. I hereby authorize BFSL to share cardholder nd services of BFSL or its group companies, subsidiaries, by provide my consent to and/or affiliates/subsidiary/holding ed by me.  ential address, by giving a request along with required KYC at, I/we voluntarily provide my/our independent consent for				
due to my submitting Aadhaar Details with BFSL. I further st to me. I shall contact the BoB Credit Card Customer Helplin issued for the billing cycles of 1st, 7th, 16th, 18th or 25th of Signature of	ate and declare that while sourcing the application of B e in case I have any doubts / clarifications. I agree that	Bank of Baroda Credit Ćard: No Cash has been collected from m the credit card billing statement shall be generated as per the ar	ne. No credit limits / additional gifts etc. have been promised				
Primary Applicant  X							
_	DOD Einangial	BOB Financial Solutions Limited Regd. Office: "BARODAHOUSE", 2nd floor,Beh	ind Dewan Shopping Centre.S.V. Road.				
Date Place	BOB Financial	Jogeshwari (W.), Mumbai - 400 102. INDIA. Pho CIN: U65990MH1994GOI081616 www.bobfin	one: 91 22 4206 8502; Fax: 91 22 2677 7560				