

APPLICATION FORM

For quick processing of your application, please complete all sections in BLOCK LETTERS \checkmark in boxes and write N. A. if not applicable. Please fill in **CLEAR BLOCK** Letters e.g. $\boxed{A B}$

I/We wish to apply for BOBCARD as per the below marked choice of credit card & card network#

Mastercard:	Eterna Select Easy ICAI Exclusive ICSI Diamond CMA One
Visa:	Eterna FD Premier Premier FD Select Select FD Easy Business Empower
RuPay:	Eterna Tiara Premier Easy HPCL Energie IRCTC Snapdeal Business Empower
	ICAI Exclusive ICSI Diamond CMA One
	Varunah Premium Varunah Plus Varunah Rakshamah The Sentinel Voddha Vikram
	Pragati (BUPB) Pragati (BGGB) Pragati (BRKGB) Rennaissance (Nainital Bank)

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

Signature of Primary Applicant#
Х
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Date_

Place_

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

APPLICANT'S INFORMATION [#]								
	Name	Middle Name	Last Name					
Full Name								
Name to be printed on Credit Card			(Max. 20 characters including space)					
Business name as desired on the card (Applicable for Business Cards only)			(Max. 20 characters including space)					
Mother's Maiden Name								
Father's Name								
Date of Birth	Female TG	Nationality Resident Indian	NRI/PIO Foreign National					
Marital Status Single Married Widow(er)		AADHAAR No.						
GSTIN No.	(Mandatory if requ or with Bussiness	ired on statement PAN No.						
Educational Qualification: Graduate Post Graduate	Professional Oth	ner						
Present Residential Address	Perma	nent Residential Address						
	City							
	Landm							
		ith STD code						
Email ID#		Ferred Mailing	Permanent Office					
Alternate Mobile No.	Add	lress [#]						
	OCCUPATIO	N						
Employment Status# Business Professional	Self Employed Sala	aried Others						
Employer Type Govt. NGO Private	Public							
Name of Organisation / Employer								
Designation:	Emplo	yee code (for BOBCARD/ it's affiliates employed	es#)					
Department		No. of Years in Current Org.	Months					
Office Address								
		City						
Pin		Extn.						
Gross Annual Income (₹)#								
	BANK DETAI	_S						
Bank Name								
Bank A/c No.	Saving	s A/c Current A/c Othe	r					
ADD-ON CARDS (Photo Idenity I would like to apply for Add-on Cards for	Proof Required) (Must be over	18 Years of Age) (Not Applicable for Busin	less Card)					
		M F TG	Date of Birth# DD MM YY					
Spouse Parent Sibling Child Mobile	Number	PAN N	D.					
	Number							
			Date of Birth#					
2 Spouse Parent Sibling Child Mobile			Date of Birth#					
2 Spouse Parent Sibling Child Mobile		M F TG PAN N RY APPLICANT#	Date of Birth [#]					
2 Spouse Parent Sibling Child Mobile	Number Image: Constraint of the second sec	M F TG PAN N RY APPLICANT# sign the moneys payable by the Insurance Con	Date of Birth [#]					
2 Spouse Parent Sibling Child Mobile	Number Image: Constraint of the second sec	M F TG PAN N RY APPLICANT# sign the moneys payable by the Insurance Cor and I further declare that his/her receip	Date of Birth [#]					

	COLOUR PHOTOGRAPH [#]
Primary Ap Please Pa Photograph (colour	aste here Colour)
	ADDITIONAL DETAILS - FOR DEFENCE CARDS
Indian Navy Varunah Premium / Varunah Plus / Varunah	Organisation: I A N A V Y No. of Years in Current Org. Months Designation: Admiral Vice Admiral Rear Admiral Commodore Captain Commander Lt. Commander Lieutenant Sub Lieutenant Midshipman Master Chief Petty officer 1 st Class Master Chief Petty officer 2 rd Class Chief Petty Officer Petty Officer Leading Seaman Seaman (First Class) Seaman (Second Class) Agniveer All Naval Civilians
Vikram	Organisation: No. of Years in Current Org. Months Designation: Image: Contract of the c
Indian Army Yoddha	Organisation: I N A R M Y No. of Years in Current Org. Months
Indian Coast Guard Rakshamah	Organisation: I N D I A N C O A S T G U A R D Image: Second
Assam Rifles The Sentinel	Organisation: A S A M R I F L E S Image: S

		ADDITIONAL DETA	ILS - FOR IC SERIES	S					
ICAI Exclusive / CMA One / ICSI Diamond	Membership Number: Image: Comparison of Years No. of Years in Practice: Less than 1 Year 1-5 Years More than 5 Years More than 5 Years								
		DECLA	RATION						
DECLARATION In consideration of BOBCARD LIMITED granting facility to use the credit card, I do hereby declare and confirm that I have personally read, understood and interpreted the MITC (Most Important Terms & Conditions) fully as available on Company's website www.bobcard.co.in. I 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 BOBCARD LIMITED to provide the first-year fee in my first statement for fee-based card. In case of application of addo-no card(s), I agree that I ville be billed for such add-on card(s) in the monthly statement. I declare and understand that the Credit Card issued to me, if used overseas, shall be utilized strictly in accordance with the relevant exchange control guidations issued and as amended by the Reserve Bank of India (RB) from time to time. In the event Lowced my entititements as per the exchange control guidations of SMB by me, I shall be table for any action under the Foreign Exchange Management Act, 1999, as amended and be debarred from the Credit card facility either at BOBCARD LIMITED in structure or RBI. I agree that credit limit on my card account may be reviewed as per the Company volities postform the BCOmpany volities to application. Teadoor SAB, and ISMS related to the card account will be easing the avore and agree that in the event of my application getting approved, E-statements would be sert every month to the eanil d as updated in BOBCARD LIMITED in structure. The CREW team and account may be reviewed as per the Company volities to patremise the BOBCARD LIMITED on the 'Go Green' initiative, and I provide my explicit consent for sending my to account may team evaluated above registered mumber/email addees. I bereby authorize BOBCARD LIMITED contexis, Aso, all SNK Teales to the card account will be assite to the accessfore that and that BOBCARD LIMITED to provide and teagener tor the semete									
I am maintaining individual/joint accou	eptable modes of communication treating nt in Bank of Baroda and I/we have irrevo	ocably authorized BOBCARD LIMIT	ED to debit any of my accounts main	, ,	the demand raised b	BOBCARD LIMITED			
I/we am/are maintaining individual/ joir	nt accounts in Bank of Baroda. I have app maintained with Bank of Ba			t my/our A/c No. nch, against					
monthly/ any dues in Credit Card issue	ed to me on the basis of this application for		No	, -g	Signature of Join	t account Holder if applicable			
have an active BOBCARD: Yes No Inderstee 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 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 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 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 from time to time, without giving notice to me. The MITC (Most Important Terms & Conditions) as available on the Company from towards overseas forex trading, margin calls to overseas exchanges/overseas counter party, trading in foreign exchange in domestic/loverseas markets etc. Inderstand that the Company reserves the right to withdraw any of the existing features/conditions including Personal Accidental Death Cover, in which case the nonination details obtained would stand null and void. I further understand that in the event of settlement of claim by the Insurance Company agains Personal Accidental Death Cover, BOGCARD LIMITED dues, if any passed by such arbitrator. I confirm and authorize BOBCARD LIMITED and the company is and conditions whatsoever of the exard, if any passed by such arbitrator. I confirm and authorize BOBCARD LIMITED and the exard with the aread, if any passed by such arbitrator. I confirm and authorize BOBCARD LIMITED and service(3) of BOBCARD LIMITED or its prouco companies, subidiaries, affiliates, busineses partners and/or a									
For	BOBCARD LIMITED U	lse	For Branch Use						
Source Code	Campaign Code	Promo Code	Branch SOL ID	Emplo Code (E		Branch Head EC No.			
Signature of Primary Applicant# X Date Place			BOBCARD LIMITED (form Regd. Office: "BARODAHO Jogeshwari (W.), Mumbai - CIN: U65990MH1994GOI0	USE", 2nd floor,Bel 400 102. INDIA.Ph	hind Dewan Sho one: 91 22 4206				