

CREDIT CARD APPLICATION FORM

FOR RESIDENT INDIANS

For quick processing of your application, please complete all sections in BLOCK LETTERS 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
PAYTM SIGNATURE (VISA) CARD

Preferred Mailing Address

Present
 Permanent
 Office

The credit card is internationally Valid. In case you wish to deactivate international usage, please tick the box **APPLICANT'S INFORMATION** # Denotes Mandatory fields

Mr./Mrs./Ms./Dr. First Name Middle Name Last Name

Your Full Name#

Your name, As you would like to have on Card#

Mother's Maiden Name#

Father's Name Mobile No. of Spouse

Spouse Name

Date of Birth# DD MM YY Age (years) Sex Male Female TG Nationality : Indian Non Resident Indian

Marital Status Single Married Widow DOM DD MM No. of Dependents AADHAR No.

Educational Qualifications : Under Graduate Graduate Post Graduate Professional Others _____ PAN No.#

Passport No.

Your Present residential Address#

City# Pin#

Land Mark

Tel. (with STD code)

Mobile#

Personal e-mail ID _____

Alternate Mobile No.

Permanent Residential Address#

City# Pin#

Tel. (with STD code)

Resi. is Owned Rented Parental Company Provided
 Financed Others _____

Driving License No.

Residence changed Once in Last 3 Years More than Once in Last 3 Years Not Changed

OCCUPATION

Employment Status Business Professional Salaried Others _____

Employer Type Govt. NGO Private Public

Name of Organisation / Employer

Your Designation : _____

Current Position Top Management Middle Management Junior Management Junior / Clerical Self Employed

Department Years in Current Org. No. of Months

Your present office address

City

PIN Tel. (with STD code) Extn.

Mobile# Office e-mail ID# _____

Annual Income (In Rs.) Other Income (IN. Rs.)

Spouse Income

BANK ACCOUNT DETAILS

ACCOUNT 1

Bank Name

Branch Name

Account No.

City

IFSC CODE

ACCOUNT 2

Bank Name

Branch Name

Account No.

City

IFSC CODE

NOMINATION FOR PRIMARY APPLICANT

I _____ (Name in full) do hereby assign the moneys payable by the Insurance Co, in the event of my death to my _____ (mention relationship with the insured) Mr/Mrs/Miss _____ and I further declare that his/her receipt shall be sufficient discharge to the Company

(Name in full) _____ Signature _____ Date _____ Place _____

Witness Name _____ Signature _____ Date _____

Statement by : Email Mobile

(For Verification) RELATIVE / REFERENCE NAME (Not Mandatory)

Name: Tel :

Address:

Pin Code

DECLARATION

In consideration of the Company granting/reviewing facility to use the credit card as a White Label /Co-branded partner for One97 communication Ltd. (Paytm), I do hereby declare and confirm that I have personally read and understood and interpreted in vernacular, in full, before execution of all terms & conditions that have been received by myself. It is my responsibility to obtain the terms and conditions applicable to the given International credit card separately and read the same. I will be bound by the terms and conditions as may be in force from time to time. I agree to be charged the joining fee on the card in my first statement. In case of application for add-on(s), I will be billed for such add-on cards in the monthly statement. I undertake that the usage of the credit card shall be strictly as per the Laws in force / Exchange Control Regulations of the Regulatory Authorities as applicable from time to time which I undertake to keep myself updated and in any event of any failure to do so, shall be liable for action under the Laws in force / Foreign Exchange Management Act 1999, its statutory modification or re-enactment thereof. 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 cancel my application/cards/alter the credit/cash limit/product upgrade at any time without assigning any reasons.

I hereby authorize the Company to provide information about the applicant and /or the card account to the financial Credit Bureaus / Regulatory Authorities.

I confirm that the attached photograph is present true identity of myself and authorize the Company to link it to my credit card, for which I accept full responsibility and agree not to make claims against the Company in respect thereto and that this condition applies in addition to the terms which governs the use of my card. I also confirm that I am not a defaulter of any Credit Institution/Bank and my repayments are regular. I further authorize the Company to share Cardholder information, including default in payments with Financial Institutions, employer and other third parties engaged for proper operation of card accounts, verification and other administrative services. In case of default in payment of card outstanding, the Company may refer the matter to the sole Arbitrator to be appointed by the Company. The Arbitration shall take place at Mumbai and I undertake to abide by the terms and conditions what so ever of the award, if any passed by such Arbitrator. By signing this application, I understand that all the transactions effected through my card account, I, including my successors, legal heirs, assignees shall be lawfully responsible for making payments of the same, as per the payment schedule in force from time to time. I further understand that mere disputing the transactions shall not absolve my prime liability to defer/delay the payment of my credit card dues and I, along with my successors, legal heirs, assignees will be fully responsible for making payments of the same, as per the payment schedule in force from time to time. I understand that the Company will provide the credit card as per their internal guidelines and I give my consent for the same.

I am maintaining individual/ joint accounts in _____ Bank and I/we irrevocably authorise _____ Bank /BOB Financial Solutions Limited to debit any of my accounts maintained with them/you against the demand raised by the Company.

Signature of joint account holder if applicable

I have applied for PAYTM SIGNATURE (VISA) card and have an a/c in _____ Bank, I irrevocably authorise the Company to debit my A/c No. _____ maintained with _____ Bank's _____ branch, against monthly/any dues in credit card issued to me

Yes No.

Total Amount Due Minimum Amount Due Customer Specific % (If not specified total amount due will be debited)

In case application is not considered favourably the Company reserves the right to retain all the documents.

I agree to abide by the terms & conditions as may be amended by the Company from time to time, without giving notice to me.

The most important terms & conditions as available on the website www.bobcards.com have been read by me and I agree to abide by them including annual fee waiver criteria.

I understand that the Company reserves the right to introduce/withdraw any of the existing features/conditions including personal accident cover, nomination details obtained shall stand null & void in such a case, if arise. I further understand that in event of settlement of claim by the insurance agency against Personal Accidental death cover, Bobcards dues, if any shall be appropriated first and balance shall be paid to the nominee.

I hereby authorize the Company to share cardholder information/transaction details with parent, subsidiary, affiliates, business partners and/or associates of the Company for the purposes of marketing and offering various products and services of the Company or its group companies, subsidiaries, affiliates, business partners and /or associates (Y/N)

Signature of Primary Applicant

(Please sign within the box in black preferably)

Primary Applicant

Please paste Photograph here (color)