

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

DECLARATION

In consideration of BOB Financial Sloutions Limited/Bank of Baroda granting/reviewing facility to use the credit card. I do hereby declare and confirm that I have personally read and understood and interpreted aim 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 applying to the BOBCARDS 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 card fee 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 exchange control regulations of the Regulatory authorities as applicable from time to time which I undertake to keep myself updated with and in any event failure to do so, shall be liable for action under the Foreign Exchange Management Act 1999, or its statutory modification of 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 reason.

I hereby authorize BOB Financial Sloutions Limited/ Bank of Baroda 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 that of my additional card application, which authorizes the Company to apply it to a our credit cards and for which I accept full responsibility and agree to not to make any claims against the Company, in respect thereto. And that this condition applies in addition to the terms of the card member Agreement 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. 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 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. I understand that BOB Financial Sloutions Limited/Bank of Baroda will provide the credit card as per Bank's internal guidelines and I give my consent for issuance of different card in case I am not eligible for the product applied for.

I am maintaining individual/joint accounts in Bank of Baroda and i/we have irrevocable authorize Bank of Baroda/BOB Financial Sloutions Limited to debit any of my accounts maintained with you against the demand raises by the Company

Signature of Joint account Holder if applicable

I have applied for BOBCARDS (Platinum Visa) _____ card, I irrevocably authorize Bank of Baroda BOB Financial Sloutions Limited to debit my A/c No. _____ maintained with Bank of Baroda _____ 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 favorably the Company reserves the right to retain documents

I agree to abide by terms and conditions as may be amended by the bank 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 bank/company reserves right to introduce/withdraw any of the existing features/conditions including personal Accidental death cover, nomination details obtained stand null & void in such a case, if arise. I further understand that in event of settlement of claim by the insurance against Personal Accidental death cover, BOBCARDS 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 at Mumbai and I undertake to abide by the terms and conditions what so ever of the award, if any passed by such arbitrator.

"I hereby authorize BOB Financial Sloutions Limited/Bank of Baroda to provide information exclusive for marketing purpose about the applicant and /or the card account to any of the third parties associated with BOB Financial Sloutions Limited/Bank of Baroda (Yes _____ No _____)."

FEES AND CHARGES (Subject to revision from time to time)

Signature of Primary Applicant
X

(Please sign within the box in black ink)

		PLATINUM VISA
Joining Fee	- Primary	Rs.500/- (Waived)
Annual Fee	- Primary	Rs.1,000/-
Annual Fee waived subject to minimum annual card usage of Rs. 50,000/- & regular payment of monthly dues		

**For details regarding joining fee waiver please refer to www.bobcards.com

For further details visit : www.bobcards.com or call at Toll Free No. 1800 223 224 for status of the application (10 am to 6:30 pm, Monday to Saturday) except 2nd & 4th Saturdays, Sundays & Public Holidays.



BOB Financial Sloutions Limited
(formerly known as Bobcards Ltd.)

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