Bank of Baroda
Credit Card

# THE SENTINEL 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 Life Time Free Bank of Baroda The Sentinel Credit Card.**

**Preferred Mailing Address#** ☐ Present ☐ Permanent ☐ Office

## APPLICANT'S INFORMATION#

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

Name to be printed on Credit Card (Max. 20 characters including space)

Mother's Maiden Name

Father's Name

Date of Birth DD MM YY Gender ☐ Male ☐ Female ☐ TG Nationality ☐ Resident Indian ☐ NRI/PIO

Marital Status ☐ Single ☐ Married ☐ Widow(er) AADHAAR No.

Educational Qualification: ☐ Graduate ☐ Post Graduate ☐ Professional ☐ Other _____ PAN No.

Present Residential Address

City Pin

Landmark

Tel. (with STD code)

Mobile#

Email ID#_____

Alternate Mobile No.

Permanent Residential Address

City Pin

Landmark

Tel. (with STD code

## OCCUPATION

Employment Status# ☐ Salaried ☐ Retired Employer Type ☑ Govt. Department

Organisation: No. of Years in Current Org. Months

Designation:
☐ Deputy Inspector General ☐ Commandant ☐ 2IC ☐ Deputy Commandant
☐ Asst. Commandant ☐ Subedar Major ☐ Subedar ☐ Naib Subedar
☐ Warrant Officer ☐ Havaldar ☐ Rifle Man/Woman

Office Address#

City

Pin Tel. (with STD code) Extn.

Gross Annual Income (in Rs.)#

## BANK DETAILS

Bank Name

Bank A/c No. Savings A/c ☐ Current A/c ☐ Other ☐

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

## ADD-ON CARDS (Photo Idenity Proof Required) (Must be over 18 Years 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 ☐☐☐☐☐☐☐☐☐☐ PAN No. ☐☐☐☐☐☐☐☐☐☐

2 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ M F TG Date of Birth# DD MM YY

☐ Spouse ☐ Parent ☐ Sibling ☐ Child Mobile Number ☐☐☐☐☐☐☐☐☐☐ PAN No. ☐☐☐☐☐☐☐☐☐☐

## NOMINATION FOR PRIMARY APPLICANT#

I_____(Name in full) do hereby assign the moneys payable by the Insurance Company, in the event of my death due to accident to my_____ (mention relationship with the insured) Mr./Mrs./Ms._____and I further declare that his/her receipt shall be sufficient discharge to the Company.

(Name in full) _____Signature_____ Date_____ Place _____

## COLOUR PHOTOGRAPH#

| Primary Applicant | Add-on 1 | Add-on 2 |
|---|---|---|
| Please Paste Photograph here (colour) | Please Paste Photograph here (colour) | Please Paste Photograph here (colour) |

## DECLARATION

In consideration of BOB Financial Solutions Limited (BFSL) 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.bobfinancial.com. 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 BOB Financial Solutions Limited to provide any information with regard to Bank of Baroda Credit Card in English language.I will be bound by the terms and conditions as may be in force from time to time and receipt/use of the card shall be deemed to be acceptance of those terms and conditions. I agree to be charged for the first year fee in my first statement. 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, if used overseas, shall be utilized strictly in accordance with the relevant exchange control regulations issued and as amended by the Reserve Bank of India (RBI) from time to time. In the event I exceed my entitlements as per the exchange control guidelines of RBI, I undertake to bring the same immediately to the notice of BFSL in writing. In the event of any failure to comply with the prevailing exchange control guidelines issued by RBI by me, I shall be liable for any action under the Foreign Exchange Management Act, 1999, as amended and be debarred from 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 cancel my application/-cards or to alter the credit/cash withdrawal limits or update the product at any time without assigning any reason. I understand that BFSL will provide the credit card as per its internal guidelines and I give consent for issuance of any different credit card in case I am not eligible for the credit card applied for. I am also aware and agree that in the event of my application getting approved, E-statements would be sent every month to the email id as updated in BFSL records. Also, all SMS related to the card account will be sent to the registered mobile number provided in the application. I would like to partner with BFSL on 'The Go Green' initiative. Please mail my credit card billing statement on the email ID provided in this form. [Please note that no hard copy of monthly statement shall be provided. In case you require hard 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 BFSL for obtaining my KYC details from CERSAI CKYC portal and to receive information from Central KYC Registry through SMS/Email on the above registered number/email address.

I hereby authorize BFSL to provide and collect information about the applicant and/or the card account to the financial credit bureaus/regulatory authorities. I confirm that the attached photograph presents true identity of me and that of my additional card applicants, which authorizes the Company to apply it to my credit cards and for which I accept full responsibility and agree to not make any claim 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 Institute/Bank and my repayments are regular. By signing this application, I understand that all the transactions are effected through my card account. I, including my successors, legal heirs, assignees shall be lawfully responsible for making payments for 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 to time.

I further authorize BFSL and/or its associates/subsidiaries/affiliates to verify from, and disclose to, any information pertaining to me /my office/residence and/or contact my family members and/or my Employer/Banker/Credit Bureau/CIBIL/RBI and/or any third party including but not limited to Financial credit bureaus/regulatory authorities etc. as they deem necessary and/or to do any such verification as they deem necessary. I confirm that I have no insolvency proceedings pending against me nor have I ever been adjudicated insolvent. I agree that my signature on the charge slip will amount to an unconditional undertaking by me to pay BFSL the amount stated therein and agree that a copy of my periodic statement of accounts will be a conclusive evidence of my liability for the charges stated therein. I understand applicable taxes from time to time will be levied on fees, interest and other charges, as per government guidelines.

I also understand that the BFSL reserves the right to vary any or all of the Terms & Conditions of the Schedule of Charges from time to time. Changed Terms & Conditions shall be communicated through the BFSL's website and/or by other acceptable modes of communication treating it as a due intimation to the cardholder.

I am maintaining individual/joint account in Bank of Baroda and I/we have irrevocably authorized Bank of Baroda/BOB Financial Solutions Limited (BFSL) to debit any of my accounts maintained with you against the demand raised by BFSL (previously known as Bobcards Ltd.)

I/we am/are maintaining individual/ joint accounts in Bank of Baroda. I have applied for Bank of Baroda credit card and I/we irrevocably authorize the Company to debit my/our A/c No. _____ maintained with Bank of Baroda _____ branch, against monthly/ any dues in Credit Card issued to me on the basis of this application form. ☐ Yes ☐ No

Signature of Joint account Holder if applicable

☐ Total Amount Due ☐ Minimum Amount Due ☐ Customer specific ☐☐ % (if not specified total amount due will be debited)

I have an active Bank of Baroda Credit Card : ☐ Yes ☐ No I have an existing Merchant relationship (POS) with BFSL : ☐ Yes ☐ No (If yes, provide MID number : _____ )

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 I agree to abide by them.

I undertake not to use the Credit Card on Internet or otherwise for purchase of prohibited items like lottery tickets, banned or proscribed magazines, participation in sweepstakes, payment for callback services, remittance in any form towards overseas forex trading, margin calls to overseas exchanges/overseas counter party, trading in foreign exchange in domestic/overseas markets etc.

I understand that the Company reserves the right to withdraw any of the existing features/conditions including Personal Accidental 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, BFSL 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 confirm and authorize BFSL to (a) Use my Aadhaar details to authenticate me from Unique Identification Authority of India (UIDAI) (b) UIDAI to release my demographic details to BFSL through biometric authentication which BFSL may use for KYC verification (identity/address proof) for the purpose of Credit Card.

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

I am interested to know more about the various other product(s)/service(s) of BFSL and/or affiliates/subsidiary/holding company of BFSL or agents authorized by BFSL and hereby provide my consent to and/or affiliates/subsidiary/holding company of BFSL or agents authorized by BFSL to contact me for the same and this consent shall have an overriding effect on any National 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 BFSL 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 ☐ submit 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 BOB Financial Solutions Limited (BFSL), as per regulations of Aadhaar Act, 2016 for processing my credit card application. I confirm and agree that BFSL shall not be liable in any manner whatsoever due to my submitting Aadhaar Details with BFSL. I further state and declare that while sourcing the application of Bank of Baroda Credit Card: No Cash has been collected from me. No credit limits / additional gifts etc. have been promised to me. I shall contact the BoB Credit Card Customer Helpline in case I have any doubts/clarifications. Pricing applicable on my BoB credit card will be joining fee (1st year) of Rs. _____ and annual fee (2nd year onwards) of Rs. _____ every year. I hereby agree and understand that in the absence of me submitting OVD of my Current Address within a period of 3 months from the date of this application, BFSL shall be free to proceed with appropriate remedies, which may include but shall not be limited to cancellation of the Card issued to me.

Signature of Primary Applicant#

X

Date_____

Place_____

| For BFSL Use | | | For Branch Use | | |
|---|---|---|---|---|---|
| Source Code | Campaign Code | Promo Code | Branch SOL ID | Employee Code (EC No.) | Branch Head EC No. |
| _____ | _____ | _____ | _____ | _____ | _____ |

BOB Financial — Credit reimagined

**BOB Financial Solutions Limited**
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Version: 1.0 JULY 2022