



**Bank of Baroda**  
Credit Card

# Application Form



**Credit Card**

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 CMA One 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.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Joining fee - ₹ 1. Annual Fee Waived Off.

Preferred Mailing Address#

☐

Present

☐

Permanent

☐

Office

## APPLICANT'S INFORMATION

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

Full Name

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

CMA 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.#

Educational Qualification: ☐ Graduate ☐ Post Graduate ☐ Professional ☐ Other

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# ☐ Business ☐ Professional ☐ Self Employed ☐ Salaried ☐ Others

Employer Type ☐ Govt. ☐ NGO ☐ Private ☐ Public

Name of Organisation / Employer

Designation:  Employee code (for Bank of Baroda/ its affiliates employees)#

Department  No. of Years in Current Org.  Months

No. of Years in Practice ☐ Less than 1 Year ☐ 1-5 Years ☐ More than 5 Years

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.

I Would like to apply for Add-on Cards for

DD	MM	YY

PAN No.

DD	MM	YY

PAN No.

## NOMINATION FOR PRIMARY APPLICANT

(Name in full)	Signature	Date	Place
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## COLOUR PHOTOGRAPH#

Please Paste  
Photograph here  
(colour)

## DECLARATION

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

against monthly/ any dues in Credit Card issued to me on the basis of this application form. ☐ Yes ☐ No

<input type="text"/>	Total Amount Due	<input type="text"/>	Minimum Amount Due	<input type="text"/>	Customer specific	<input type="text"/>	<input type="text"/>	% (if not specified total amount due will be debited)
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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/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.

Regd. Office: "BARODAHOUSE", 2nd floor, Behind Dewan Shopping Centre, S.V. Road,  
Jogeshwari (W.), Mumbai - 400 102. INDIA. Phone: 91 22 4206 8502; Fax: 91 22 2677 7560  
CIN: U65990MH1994GOI081616 [www.bobfinancial.com](http://www.bobfinancial.com)