

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 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.		
Joining fee - ₹ 1. Annu	ıal Fee Waived Off.		Preferred Mailing Address	Present 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.							
Marital Status	Wallou	,	PAN No.				
Educational Qualification:	Graduate Post G	Fraduate Professional	Other				
Present Residential Address			Permanent Residential Addre	ess			
City	Pin		City	Pin			
Landmark			Landmark				
Tel. (with STD code)			Tel.(with STD code)				
Mobile# Tel.(with STD code) Tel.(with ST							
Email ID#							
Alternate Mobile No.							
		occu	PATION				
Employment Status# E	Business Profession	al Self Employed	Salaried Others _				
Employer Type Govt.	NGO Priv	ate Public					
Name of Organisation / Employ	yer						
Designation:			Employee code (for Bank of Ba	aroda/ 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 Y	ears				
Office Address#							
				City			
Pin	Tel. (with STD code)			Extn.			
Gross Annual Income (in Rs.)#							
BANK DETAILS							
Bank Name							
Bank A/c No.		Savi	ings 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 Identity Proof Required) (Must be over 18 Years of Age)							
I Would like to apply for Add-on Cards for Spouse Parent Sibling	Child Mobile Number	M F TG	Date of Birth# DD MM YY PAN No.				
2		M F TG	Date of Birth# DD MM YY				
Spouse Parent Sibling	Child Mobile Number		PAN No.				
	NOMINATION FOR P	RIMARY APPLICANT					
(Name in full) do hereby assign the money payable by the Insurance Company, in the event of my death due to accident							
to my (mention relationship with	,	, , , , ,	/her receipt shall be sufficient discharge to the Company.				
(Name in full)	Signature	Date	Place				
	COLOUR PI	HOTOGRAPH#					
Primary Applicant	Ādd	l-on 1	Add-on 2				
Please Paste Photograph here (colour)	Photogr	e Paste raph here olour)	Please Paste Photograph here (colour)				
			<u> </u>				
	DECLA	RATION					
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, a may be in force from time to time and receiptly use of the card shall be deemed to be acceptance of those terms and conditions. In case of application of add-on card(s), I agree that I will be billed for such 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 sevent lessed over 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 regulations issued and as a mended by the Reserve Bank of India (RBI) from time to time a long the event of the credit card as per the exchange control guidelines of the product at any time and the Company will be entitled to cancel my application in the Credit card as per its internal guidelines and I give consent for issuance of any different credit card in case all am not eligible for the credit card applied for In an also waver and agree that in the event of my application getting approved, E-statements would be sent every month to the email in a supdated in BFSL records. Also, all SMS related to the card account will be sent to the registered mobile number provided in the event of my application. I would like to pather with BFSL on 'The Go Green' initiative. Please mail my credit card shilling 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 ad							
my/our A/c Noagainst monthly/ any dues in Credit Card issued to me on t	maintained with Bank of Baroda the basis of this application form. Yes	bra	inch,				
			Signature of Joint account Holder if applicable				
Total Amount Due Minimum Amour		% (if not specified total amount due wil	<i>.</i>				
I have an active Bank of Baroda Credit Card :		relationship (POS) with BFSL : Yes Yes	No (If yes, provide MID number :)				
In case, I hold any variant of Bank of Baroda credit card, I authorise/give my consent to BFSL to upgrade my existing Bank of Baroda credit card with BoB CMA One Credit Card. I further agree and understand that (1) outstanding balance and reward points, if any in my existing variant shall be transferred to this card and my existing card stands closed and (2) my eligibility for upgrade is as per BFSL Policies and at its absolute discretion. Lundertake 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 lagree 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 lagree to abide by terms and conditions of Bot Bertal and that in the event of settlement of claim by the Insurance Company against 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 eaward, if any passed by such arbitrator. Lunderstand that Professional Indemnity Insuran							
Primary Applicant							
X Date	ROB Financial F		erly known as Bobcards Limited) or,Behind Dewan Shopping Centre,S.V. Road,				



Place_