



**Bank of Baroda**  
Credit Card

# Application Form



**Diamond**

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 ICSI Diamond 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 - Life time free

Preferred Mailing Address#

☐

Present

☐

Permanent

☐

Office

## APPLICANT'S INFORMATION

Mr./Mrs./Ms./Dr./CS	First Name	Last Name
Full Name <input type="text"/>	<input type="text"/>	<input type="text"/>
Name to be printed on CS Credit Card <input type="text"/>	<input type="text"/>	(Max. 17 characters including space)
CS membership number <input type="text"/>		
Mother's Maiden Name <input type="text"/>		
Father's Name <input type="text"/>		
Date of Birth <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TG	Nationality <input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI/PIO <input type="checkbox"/> Foreign National
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er)	AADHAAR No. <input type="text"/>	PAN No.# <input type="text"/>
Educational Qualification: <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Other <input type="text"/>		

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# <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Salaried <input type="checkbox"/> Others <input type="text"/>
Employer Type <input type="checkbox"/> Govt. <input type="checkbox"/> NGO <input type="checkbox"/> Private <input type="checkbox"/> Public
Name of Organisation / Employer <input type="text"/>
Designation: <input type="text"/> Employee code (for Bank of Baroda/ its affiliates employees)# <input type="text"/>
Department <input type="text"/> No. of Years in Current Org. <input type="text"/> Months <input type="text"/>
No. of Years in Practice <input type="checkbox"/> Less than 1 Year <input type="checkbox"/> 1-5 Years <input type="checkbox"/> More than 5 Years
Office Address# <input type="text"/>
City <input type="text"/>
Pin <input type="text"/> Tel. (with STD code) <input type="text"/> Extn. <input type="text"/>
Gross Annual Income (in Rs.)# <input type="text"/>

## BANK DETAILS

Bank Name <input type="text"/>
Bank A/c No. <input type="text"/> Savings A/c <input type="checkbox"/> Current A/c <input type="checkbox"/> Other <input type="checkbox"/>

#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)

[illegible]

DD	MM	YY

PAN No.

[illegible]

DD	MM	YY

☐ Spouse ☐ Parent ☐ Sibling ☐ Child      Mobile Number

PAN No.

## NOMINATION FOR PRIMARY APPLICANT

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
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## COLOUR PHOTOGRAPH#

Please Paste  
Photograph here  
(colour)

Please Paste  
Photograph here  
(colour)

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

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

<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/our 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.

Signature of  
Primary Applicant

X

Date \_\_\_\_\_

Place

BOB Financial  
Credit reimaged

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)