

## **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 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.			
Joining fee - Life time	free		Preferred Mailing Addres	s# Present	Permanent Office			
APPLICANT'S INFORMATION								
Mr./Mrs./Ms./Dr./	rcs	First Name			Last Name			
Full Name								
Name to be printed on CS Credit Card C S (Max. 17 characters including space)								
CS 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 Gr	aduate Professional	Other					
Present Residential Address			Permanent Residential Addr	ess				
City City	Pin		City	Pin				
City Landmark			Landmark					
Tel. (with STD code)  Tel.(with STD code)  Tel.(with STD code)								
Email ID#								
Alternate Mobile No.								
		occu	PATION					
	Business Professiona		Salaried Others _					
Employer Type Govt.	NGO Priva	te Public						
Name of Organisation / Emplo	yer							
Designation: Employee code (for Bank of Baroda/ its affiliates employees)#								
Department			No. of Years in Current	t 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.)#								
Dank Name		BANK I	DETAILS					
Bank Name			ingo A/o	Other				
Bank A/c No.		Sav	rings A/c Current A/c	Other				

	ADD-ON CARDS	(Photo Identity Proof Required)	(Must be over 18 Ye	ears of Age)					
I Would like to apply for Add-on Cards for  Spouse Parent Sibling  Spouse Parent Sibling	Child Mobile Number  Child Mobile Number		F TG F	Date of Birth#  DD MM YY  PAN No.  Date of Birth#  DD MM YY  DD MM YY  PAN No.					
NOMINATION FOR PRIMARY 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 the insured) Mr./Mrs./Ms and I further declare that his/her receipt shall be sufficient discharge to the Company.									
(Name in full)		DUCTOOD A DU	_ Date	Place					
	COLOUR	PHOTOGRAPH#							
Primary Applicant  Please Paste Photograph here (colour)	Ple Pho	dd-on 1  ease Paste ograph here (colour)		Add-on 2  Please Paste Photograph here (colour)					
		ARATION							
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 a savallable on Company's website www bobifinancials corn. I confirm that I have received the MITC along with the polication for and have read all details in it. The MITC provided is in English language, I will be bound by the terms and conditions as may bein force from time to time and receiptives of the card shall be deemed to be a ecceptance of those terms and conditions. In case of application of add-on card(s), I agree the at 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 eguldations issued and as amended by the Reserve Bank of India (RBI) from time to time. In the event lexceed 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 of RBI. I quere 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 after 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. I would like to partner with BFSL on The Go Green initiative. Please mail my credit card billing statement be application, leaves the Company to your online card account and a support and to receive information from Central KYC Registry through SMS/E									
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 c	ard and I/we irrevocably authorize the	Company to debit						
my/our A/c Noagainst monthly/ any dues in Credit Card issued to me on the	maintained with Bank of Baroda  be basis of this application form. Yes	prodabranch,		Signature of Joint account Holder if applicable					
Total Amount Due Minimum Amoun	t Due Customer specific	% (if not specified total	amount due will be de	ebited)					
I have an active Bank of Baroda Credit Card :	Yes No I have an existing Mercha	nt relationship (POS) with BFSL :	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 ICSI Diamond Credit Card. 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 It is absoluted isocretion.  I understand 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 understand that the Company reserves the right to retain the documents submitted with this application.  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 appeal be paid in 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 pake paid in understand to all understand to adult understand that in the event of settlement of claim by the Insurance Company against Personal Accidental Death Cover									
Date	BOB Financial		100 102. INDIA. Ph	nind Dewan Shopping Centre,S.V. Road, one: 91 22 4206 8502; Fax: 91 22 2677 7560 nancial.com					

Place\_