

varunah: 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#

Credit Card	Varunah	Varunah Plus	Varunah Premium	Preferred Mailing	
First year*/Annual fee**	NIL	₹ 1499/-	₹ 2499/-	Address [#]	Present Permanent Office

I agree to be charged for the first year credit card annual fee in my first statement.

* Waived if salary account in Bank of Baroda.

*Reversed if spend within 180 days of card issuance: Varunah Plus: ₹ 15,000 and Varunah Premium ₹ 25,000

Waived if spend in preceding year : ₹ 1,50,000 for Varunah Plus and Varunah Premium **APPLICANT'S INFORMATION# First Name Mr./Mrs./Ms. Middle Name Last Name Full Name Name to be printed on Credit Card (Max. 20 characters including space) Mother's Maiden Name Father's Name DD MM YY Date of Birth Gender Male Female ΤG Nationality Resident Indian NRI/PIO AADHAAR No. Marital Status Single Married Widow(er) PAN No. Educational Qualification: Graduate Post Graduate Professional Other Present Residential Address Permanent Residential Address City City Pin Landmark Landmark Tel. (with STD code Tel. (with STD code) Mobile# Email ID# Alternate Mobile No. OCCUPATION Employer Type Govt. Department Employment Status# Salaried Retired Organisation No. of Years in Current Org Months Vice Admiral Designation: Admiral Rear Admiral Commodore Captain Commander Master Chief Petty officer 1st Class Lt. Commander Lieutenant Sub Lieutenant Midshipman Master Chief Petty officer 2nd Class Chief Petty Officer Petty Officer Leading Seaman Seaman (Second Class) Seaman (First Class) Agniveer 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.

Spouse Parent Sibling Child Mobile Number Parent PAN No. Pan No.		ADD-ON CA	RDS (Photo Idenity	Proof Required) (Must be o	ver 18 Years of Age)								
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	Spouse Parent Sibling	Child Mobile Number			PAN No.								
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	Spouse Parent Sibling	Child Mobile Number			PAN No.								
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	(Name in full) do hereby assign the moneys payable by the Insurance Company, in the event of my death due to accident												
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Chicker Period Add-on 1 Add-on 1 Add-on 2 Privacy Applicant (cdsr) Priv	(Name in full)	S	Signature										
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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 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 :) 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 relatin 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 1 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 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 vid. I further understand that the Company reserves the right to withorize BFSL to (a) Use my Adahar details to authenticate me from Unique Identification Authority of India (UIDAI) (b) UIDAI to release my demographic details to authenticate the order abide by them. I ensward, if any passed by such arbitrator. I confirm and authorize BFSL to (a) Use my Adahar details to authenticate me from Unique Identification Authority of India (UIDAI) (b) UIDAI to release my demographic details to a three submitted address proble merson and rescicates of BFSL or negets authorized bFSL to contact me to the seasorities. Increase for KYC verification (Identify)	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.)												
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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 is group companies, subsidiaries, 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/hold ing 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	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												
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BOB Financial Solutions Limited													
	Place	BOB Finan	Jogeshw	ari (W.), Mumbai - 400 102.	INDIA.Phone: 91 22 4206 8502								
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Place BOB Financial Credit reinspired Place 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: U6	990MH1994GOI081616	www.bobfinancial.com								

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