	Pank of Bard redit Card	oda		BANK (OF BA	١RO	DA C	CREC	DIT	C	ARC	Α	PPI	LIC	ΑT	O	N F	ORM
For quick processing Please fill in CLEAR B					BLOCK I	LETT	ERS 🗸	in box	es w	here	e appro	priat	e and	d wri	te N.	۹. if r	not ap	oplicable.
I/We wish to apply	for#																	
Credit Card	SWAVLAMBAN	EASY	SELECT	PREMIER	PRIME		Preferr	ed Mai	iling				, _	٦,		4		055
First year*/Annual fee**	₹250/-	₹500/-	₹750/-	₹1,000/-	NIL		Address# Present			_ P6	Permanent Office							
I agree to be charged for the first year credit card annual fee in my first statement.																		
*Reversed if spends within 60 days of card issuance : ₹ 2,500 for Swavlamban, ₹ 6,000 for Easy, ₹ 7,500 for Select and ₹ 10,000 for Premier **Waived if spends in preceding year : ₹ 12,000 for Swavlamban, ₹ 35,000 for Easy, ₹ 70,000 for Select, and ₹ 120,000 for Premier																		
APPLICANT'S INFORMATION#																		
Mr./Mrs./M	s./Dr.		First	Name			Mi	iddle Nar	me								Lá	st Name
Full Name																		
Name to be printed on Credit Card (Max. 20 characters including space)																		
Mother's Maiden Name																		
Father's Name																		
Date of Birth	MM YY	Gender	Male	Female	ТС	3	Nationali	ity	Resid	lent I	ndian	_ N	IRI/PI	o [Fo	eign	Nation	al
Marital Status Si	ngle Married	Widow	(er)				AAI	DHAAR I	No.									
PAN No.																		
Educational Qualification: Graduate Post Graduate Other Other																		
Present Residential Add	dress				Pe	rmane	nt Residen	ntial Addr	ess									
												Τ						
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										Щ		<u> </u>			<u>_</u> _	Ļ	_	
City			Pin		Cit	:у			Щ	Щ		<u></u>	Pin			_ _	_	
Landmark					Lar	ndmark				\perp			Щ		_			
Tel. (with STD code)																		
Mobile#																		

			0000	OCCUPATION			
_							
plovment Status#	Business	Professional	Self Employed	Salari			

Email ID#_

Bank Name

Bank A/c No.

Alternate Mobile No.

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 Department	No. of Years in Current Org. Months
Office Address#	
	City
Pin Tel. (with STD code)	Extn.
Gross Annual Income (in Rs.)#	

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	ABB ON	CARDS (FIIOLO)	,	, (aot 20 0101 10 10	aro or rigo,						
1 Would like to apply to 7 kg on earlies to			M	F TG	Date of Birth#	DD MM YY					
					Date of Biltin						
Spouse Parent Sibling	Child Mobile Num	ber		PAN	N No.						
2			M	F TG	Date of Birth#	DD MM YY					
Spouse Parent Sibling	Child Mobile Num	nber		PAN	N No.						
NOMINATION FOR PRIMARY APPLICANT#											
I(Name in full) do hereby assign the moneys 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) Date Place											
COLOUR PHOTOGRAPH _#											
Primary Applicant		Add-on	1		Add-on 2	2					
Please Paste		Please Pas	te		e						
Photograph here (colour)		Photograph r (colour)	iere		ere						
(colour)		(Colour)			(colour)						
		DECLARA [*]	ΓΙΟΝ								
In consideration of BOB Financial Solutions Limited (BFSL) granting facility to use the credit card, I do hereby declare and conform that I have personally read, understood and interpreted the MITC (Most Important Terms & Conditions) fully as available on Company's website www.bobfinancial corn. Lonfirm that I have received the MITC along with the application form and have read all details in it. The MITC provided is in English language and I am fully conversant with 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 as may be in force from time to time and receipt/use of the card shall be deemed to be acceptance of those terms and conditions, a grape to be charged for the first year fee in my first statement. In case of application of 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 issued to me, if used overseas, shall be utilized strictly in accordance with the relevant exchange control regulations issued and as amended by the Reserve Bank of India (RBI) from time to time. In the event of any failure to comply with the prevailing exchange control guidelines as issued by RBI by me, I shall be liable for any action under the Foreigh Exchange Management Act, 1999, as amended and be debarred from the Credit Card facility either at BFSL instance or RBI. I agree 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 alter the credit card and personal will be product at any time without assigning any reason. I understand that BFSL will provide the credit card so per its internal guidelines and Ityle consent for issuance of any different credit card in case I am not eligible for the credit card application. I may be a subject to the card ac											
I/we am/are maintaining individual/ joint accounts in Bank of Baro	da. I have applied for Bank of E	Baroda credit card and I/	ve irrevocably authorize the	e Company to debit							
my/our A/c No	_ maintained with Bank of Ban			branch,							
against monthly/ any dues in Credit Card issued to me on the bas	s of this application form.	Yes No			Signature of Joint accou	unt Holder if applicable					
Total Amount Due Minimum Amount Due	Customer spe	ecific	% (if not specified total	l amount due will be de	ebited)						
I have an active Bank of Baroda Credit Card : Yes	No I have an exist	ing Merchant relations	hip (POS) with BFSL :	Yes No	(If yes, provide MID number	er:)					
I 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 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 I agree to abide by them. 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 BFSL through biometric authentication which BFSL may use for KYC verification (identity/address proof) for the purpose of Credit Card.											
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 its group companies, subsidiaries, affiliates, business partners and/or associates. (YesNo) I am interested to know more about the various other product(s)/service(s) of BFSL and/or affiliates/subsidiary/holding company of BFSL or agents authorized by BFSL and hereby provide my consent to and/or affiliates/subsidiary/holding company of BFSL or agents authorized by BFSL and hereby provide my consent to and/or affiliates/subsidiary/holding company of BFSL or agents authorized by BFSL and hereby provide my consent to and/or affiliates/subsidiary/holding company of BFSL or agents authorized by BFSL and hereby provide my consent to and/or affiliates/subsidiary/holding company of BFSL or agents authorized by BFSL and hereby provide my consent to and/or affiliates/subsidiary/holding company of BFSL or agents authorized by BFSL and hereby provide my consent to and/or affiliates/subsidiary/holding company of BFSL or agents authorized by BFSL and hereby provide my consent to and/or affiliates/subsidiary/holding company of BFSL or agents authorized by BFSL and hereby provide my consent to and/or affiliates/subsidiary/holding company of BFSL or agents authorized by BFSL and hereby provide my consent to and/or affiliates/subsidiary/holding company of BFSL or agents and hereby provide my consent to a subsidiary and hereby provi											
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. 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 Li	imited (BFSL), as per regulation	ons of Aadhaar Act, 2016	for processing my credit of	card application. I confirm	m and agree that BFSL shall r	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. Pricing applicable on my BoB credit card will be joining fee (1st year) of Rs and											
	ery year.										
Signature of	Source	For BFSL Use Campaign	Promo	Branch	For Branch Use Employee	Branch Head					
Primary Applicant#	Code	Code	Code	SOL ID	Code (EC No.)	EC No.					
X											



Date_

Place_