

BANK OF BARODA CREDIT CARD 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.

Please till in CLEAR BLOCK Letters, without touching the boxes e.g. A B													
I/We wish to apply for#													
Credit Card	EASY	SELECT	PREMIER	PRIME			red Mailing	, –	Present		Permane	nt	Office
First year*/Annual fee**	₹500/-	₹750/-	₹1,000/-	NIL		Addre	SS [#]		1 103011		Termane		Joinide
*Reversed if spends within 60 days of card issuance : ₹ 6,000 for Easy, ₹ 7,500 for Select and ₹ 10,000 for Premier **Waived if spends in preceding year : ₹ 35,000 for Easy, ₹ 70,000 for Select and ₹ 120,000 for Premier													
APPLICANT'S INFORMATION#													
Full Name Mr./Mrs./I		I R O S	First Name		N	N 	liddle Name						Last Name
Name to be printed on	Credit Card	FIRO	SEH	USS		N							
Mother's Maiden Name FATHIMA HUSSAIN													
Father's Name HUSSAINVVIRUPATTIYIL													
Date of Birth DD MM YY Gender Male Female TG Nationality Resident Indian NRI/PIO Foreign National												onal	
Marital Status Single Married Widow(er) AADHAAR No.													
	_						PAN No.						
Educational Qualification:													
Present Residential A	ddress				Permane	nt Reside	ntial Address						
City			Pin		City					Pin			
Landmark					andmar.	,							
Tel. (with STD code)				-	el. (with	STD code							
Mobile# 9 4 9	5 1 5	5 5 5 0		1									
Email ID#	FIRUMO	N@GMAIL.	COM										
Alternate Mobile No.													
				OCCUPA	TION								
Employment Status#	Business	Profession	onal Self	Employed	Salari	ed	Others						
Employer Type	Govt.	NGO P	rivate Dub	olic									
Name of Organisation /	Employer												
Designation: Employee code (for Bank of Baroda/ its affiliates employees)#													
Department					1	No. of Yea	rs in Current C	Org.		Month	s L		
Office Address#													
								City					
Pin		Tel. (with STD code)						Extn.					
Gross Annual Income (in Rs.)#													
BANK DETAILS													

Savings A/c

Current A/c

Other

#Mandatory fields. Do not leave blank as it may lead to delay/ rejection of the application.

Bank Name

	ADD-ON CA	ARDS (Photo Id	lenity Proof Required)	(Must be over 18 Yea	rs of Age)						
I Would like to apply for Add-on Cards for											
1				M F TG	Date of Birth#	DD MM YY					
Spouse Parent Sibling	Child Mobile Nui	mber				DD MM YY					
2				M F TG	Date of Birth#						
Spouse Parent Sibling	Child Mobile Nui	mber									
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 ins	sured) Mr./Mrs./Ms		and I further	declare that his/her red	ceipt shall be sufficient di	scharge to the Company.					
(Name in full)	(Name in full) Date										
	СО	LOUR PHOT	OGRAPH _#								
Primary Applicant		Add-on 1	1		Add-on	2					
Please Paste		Please Pasi	0		Please Pa	cto					
Photograph here		Photograph h			Photograph	here					
(colour)		(colour)			(colour)						
<u> </u>		DEOLADAI									
In consideration of BOB Financial Solutions Limited (BFSL) granting	ng facility to use the credit card. I do	DECLARAT		lly read, understood and in	nterpreted the MITC (Most In	mportant Terms & Conditions)					
conditions. I agree 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 I exceed 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 issued by RBI by me, I shall be liable for any action under the Foreign 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/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 application. I hereby authorize BFSL to provide and collect information about the applicant and or the card account to the financial credit bureaus/ regulatory authorities. I confirm that the attached photograph presents true identity of me and that of my additional card applicants, which authorizes the Company to apply it to my credit cards and for which I accept full responsibility and agree to not make any claim against the Company, in respect thereto. And that this condition a patient of the terms of the Card Member Agreement which governs the use of my card. I also confirm that I am not a defaulter of any Credit Institute Brank and my repayments are regular. By signing											
I/we am/are maintaining individual/ joint accounts in Bank of Baro			e irrevocably authorize the								
my/our A/c Noagainst monthly/ any dues in Credit Card issued to me on the bas	maintained with Bank of Baroda	Yes No		branch,	Signature of Joint acco	ount Holder if applicable					
Total Amount Due Minimum Amount Due			% (if not specified total	ا amount due will be del ا		п арричано					
I have an active Bank of Baroda Credit Card : Yes	No		xisting Merchant relation		,)					
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 nominate. 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											
		or BFSL Use			For Branch Use	1					
Signature of Primary Applicant#	Source Code	Campaign Code	Promo Code	Branch SOL ID	Employee Code (EC No.)	Branch Head EC No.					

BOB Financial Solutions Limited (formerly known as Bobcards Limited)
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

BOB Financial

X

Date_

Place