

No.: _____

Employee ID (in case of staff only)


सेन्ट्रल बैंक ऑफ़ इंडिया
Central Bank of India

1911 से आपके लिए "केंद्रित" "CENTRAL" TO YOU SINCE 1911



Branch No.

CREDIT CARD

APPLICATION FORM

(All variants)

Date

CREDIT CARD CHOICE

Please indicate your Central Bank of India Credit Card choice:

DOMESTIC CARD ☒INTERNATIONAL CARD ☐☐ Aspire

FD No. _____

FD No. _____

FD No. _____

FD No. _____

FD No. _____

☐ World☐ Titanium☐ IDA Card☐ Reliance Big Cinema☒ Platinum☐ GoldInternational Use: USD 500 ☐ USD 1000 ☐ USD 1500 ☐ Specify any other _____

PERSONAL DETAILS*

Name (First Name) J A M E S (Middle Name) A L E X A N D E R

(Last Name) S M I T H

Name as desired on the Card (Maximum of 20 characters) J A M E S A . S M I T H

Age 2 8

Gender ☒ Male ☐ Female

Mothers Maiden Name W I L S O N Date of Birth 1 5 0 1 9 5

Nationality A M E R I C A N PAN No. 1 2 3 4 5 6 7 8 9 0

(This information may be used to verify your identity when you want your card account details over the phone)

Vehicle Owned ☒ Car ☐ Two wheeler ☐ Organization Provided ☐ None Educational Qualification ☐ PG ☒ Graduate ☐ SSC/HSC ☐ Others

Number of Dependents (Excluding Spouse) ☐ 0 ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ >4 Married ☒ Yes ☐ No ☐ Others

RESIDENTIAL ADDRESS*

1 2 3 , M A I N S T R E E T N E W Y O R K

Landmark City Pin 1 0 0 0 1

State N E W Y O R K Preferred Mailing Address: ☐ Residence ☐ Office

Std Code Tel. No. Mobile No.

Email

Permanent Address same as above ☐ Yes ☐ No

(If no then Please fill in the details below)

Landmark City Pin

State Std Code Tel. No.

EMPLOYMENT DETAILS*

Salaried		<input checked="" type="checkbox"/>		Self Employed		<input type="checkbox"/>		Retired		<input type="checkbox"/>																	
Name of the company		X	Y	Z		C	O	R	P	O	R	A	T	I	O	N											
Designation		S	O	F	T	W	A	R	E		E	N	G	I	N	E	E	R									
Office Address		4	5	6		T	E	C	H		P	A	R	K	,												
		T	E	C	H	V	I	L	L	E	,		N	E	W		Y	O	R	K							
Landmark																											
City																											
State																											
Fax No.																											
		Classification										<input type="checkbox"/> Managerial or Self Employed		<input type="checkbox"/> Executive		<input type="checkbox"/> Junior/Clerical		<input type="checkbox"/> Others									
Total Years of Experience		<1		>1		<3		<5		<10		<15		Numbers of yrs. in current job		<1		>1		<3		<5		<7		<10	
Left over Service		<1		>1		<3		<5		<7		<10		Gross Annual Income		< 1.5 Lac		1.5-3.5 Lac		3-5 Lac		5-10 Lac		>10 Lac			
Income from other sources		<75,000		upto 1,50,000		upto 2,50,000		above 2,50,000																			
% Loan servicing of Gross Income		None		5%		10%		15%		20%		>20%															
Nature/type of Business of Organization		<input type="checkbox"/> Software/IT		<input type="checkbox"/> Eng/Infrastructure		<input type="checkbox"/> Finance/Insurance		<input type="checkbox"/> Textile/Leather		<input type="checkbox"/> FMCG/Retail		<input type="checkbox"/> Others															
IT Return		<input type="checkbox"/> Provided		<input type="checkbox"/> Not-Provided																							
Credit Card/s held with other Banks/Institutions																											
S.No.		Card No					Issued by Bank										Credit Limit										
1.		1234 5468 7898					DC BANKING CORPORATION										150000										
2.																											
3.																											

ID PROOF

[illegible]

BUSINESS

Business type Corporate ☐ Proprietorship ☐ Partnership ☐ Not Applicable ☐
Length of Business Not applicable ☐ upto 5 years ☐ upto 10 years ☐
 > 10 years ☐ **Sales Tax Return** Provided ☐ Not-Provided ☐

ALERTS

Please consider these valuable services

☐ SMS Alerts ☐ Statement by E-mail

(If you opt for statement by E-mail, no physical statement will be sent. However a physical statement will be provided on request through customer care. This is our Banks **Green Initiative** to **"Save Paper and Save Trees"**. Please join us in this initiative)

I understand that under the alert facility, Central Bank of India will enable me, to receive Customer Alert Messages with respect to events/transactions relating to my Credit Card or information that will be useful to me over my Mobile Phone or through e-mail (subject to the information provided in the Application Form). I agree to abide by the terms and conditions.

MANDATE FORM FOR DEBIT FACILITY

I/We hereby authorise the Bank to debit my/our bank account no. _____ with Branch _____ through Auto Debit Clearing for making payment towards credit card dues.

Account Type: ☐ Savings ☐ Current ☐ Cash Credit/OD Total Amount Due ☐ Minimum Amount Due ☐

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I/We also authorize the bank to debit my account for charges towards mandate verification and transactions bounced due to "Insufficient funds" as applicable. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the scheme.

Certified that the particulars furnished above are correct as per our records.

Signature of the Authorized official from the Bank _____ Date _____

Signature of Account Holder