

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☐ IDACard☐ Reliance Big Cinema☐ Platinum☒ GoldInternational Use: USD 500 ☐ USD 1000 ☐ USD 1500 ☐ Specify any other \_\_\_\_\_

### PERSONAL DETAILS\*

Name (First Name) (Middle Name)

E M I L Y G R A C E

(Last Name)

J O H N S O N

Name as desired on the Card (Maximum of 20 characters)

E M I L Y J O H N S O N

Age 3 5

Gender ☐ Male ☒ Female

Mothers Maiden Name Date of Birth

A N E R S O N 2 2 0 5 8 8

Nationality PAN No.

C A N A D I A N 9 5 4 8 6 5 4 5 2 2

(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\*

4 5 6 M A P L E A V E N U E T O R O N T O

Landmark City T O R O N T O Pin M 5 H 2 N 2

State O N T A R I O 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 ☐ Self Employed ☒ Retired ☐

Name of the company E J C O N S U L T I N G  
 Designation B U S I N E S S O W N E R  
 Office Address 7 8 9 B U S I N E S S T O W E R ,  
 T O R O N T O  
 Landmark  
 City Pin  
 State Tel. No. 1 Extn.  
 Fax No. Classification Managerial or Self Employed Executive Junior/Clerical 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 Software/IT Eng/Infrastructure Finance/Insurance Textile/Leather FMCG/Retail Others  
 IT Return Provided Not-Provided

### Credit Card/s held with other Banks/Institutions

S.No.	Card No	Issued by Bank	Credit Limit
1.	6584 5654 8888	ABC BANK	300000
2.	4586 6545 4565	XYZ BANK	100,000
3.	9875 4564 7845	ABC BANK	150000

## ID PROOF

1) Passport No.:  
 2) Voter ID:  
 3) UID:  
 4) Driving Licence:  
 5) Any Other:

## 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