



Indian Overseas Bank

Credit Card Division

763, Anna Salai, Chennai 600 002.

Phone : 91-44-2851 9574

APPLICATION FOR IOB VISA CREDIT CARD

Application to be completed in full. **USE BLOCK LETTERS**

CONFIDENTIAL

Application No.

Br. Code

Serial No.

A/c No.

Please affix
Colour Photo
Passport Size
Please do not
Sign.

I am a Resident / Non Resident Indian Resident Non Resident

PERSONAL PARTICULARS

| | | | |
|--------------|---------|------------|-------------|
| Name in Full | Surname | First Name | Middle Name |
| Mr./Ms. | | | |

Father's / Husband Name

Mother's Maiden Name

Name to be embossed on IOB VISA CREDIT CARD (Not to exceed 19 letters including space. Please leave one box space between each name)

Photo to be printed on card (if yes, additional charges, if any, towards printing of photo will be debited to the account of the applicant) Yes No

| | | | | |
|---------------|-------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Date of Birth | Sex | Marital Status | Professional Qualification | No. of dependant/s |
| DD MM YY | M <input type="checkbox"/> F <input type="checkbox"/> | <input type="checkbox"/> Married <input type="checkbox"/> Single | <input type="checkbox"/> U.G. <input type="checkbox"/> P.G. <input type="checkbox"/> Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Others | |

OFFICE / BUSINESS ADDRESS

Designation

Employer's Name

Employed Since Yrs

Confirmed Yes No

Postal Address

City Pin

State.....

Telephone.....

STD Code.....

Fax. No.

RESIDENTIAL ADDRESS

City Pin.....

State

Residence Since Yrs

Telephone No.

STD Code

Mobile No.

E-mail ID

IT PAN

Voter ID No.

Residence is own / Company Lease / Private Rented / Parent Owned

Living with Parents Yes No

Earlier Employment Details, if any

Name of the Employer

Duration of Service..... Yrs.

If residence is own,

residing since Yrs.

How old is your house Yrs.

| | | | | |
|-------------|-----------|-------------------------------|---------------------|--------------|
| Do you own | Regn. No. | If under loan, amount of loan | Driving Licence No. | Passport No. |
| Car | | | | |
| Two Wheeler | | | | Valid upto |
| House | | | | Issued at |
| Others | | | | |

EMPLOYMENT DETAILS

| | | | |
|-----------------------------------------|--------------------------------------------|----------------------------------------|--------------------------------------|
| <input type="checkbox"/> Salaried | <input type="checkbox"/> Banking & finance | <input type="checkbox"/> Self Employed | <input type="checkbox"/> Firm |
| <input type="checkbox"/> Govt. Sector | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> C.A. | <input type="checkbox"/> Proprietor |
| <input type="checkbox"/> Public Sector | <input type="checkbox"/> Exports | <input type="checkbox"/> Doctor | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Private Sector | | <input type="checkbox"/> Consultant | <input type="checkbox"/> Others |
| <input type="checkbox"/> Sub-category | | <input type="checkbox"/> Advocate | |
| <input type="checkbox"/> IT Sector | | <input type="checkbox"/> Engineer | |
| | | <input type="checkbox"/> Others | |

| | | | | |
|----------------------------------|----------|-----------------|-------------|--------------|
| If Staff of Indian Overseas Bank | Roll.No. | Date of Joining | Present | |
| | | | Designation | Branch/Dept. |
| | | | | |

| | | | |
|-------------------------------------|-------|-----------------------------------------|-------|
| Description of property and Address | Value | Description of other Income/Investments | Value |
| | | | |
| | | | |
| | | | |

BANKING DETAILS

| | | | |
|---------------------------------------|-------------|-------------|-------------|
| CA/SB/Other A/cs (specify) | Account No. | Branch | Bank |
| | | | |
| Deposit No. | Amount | Branch | Bank |
| | | | |
| Particulars of Loan, if any, type/No. | Amount | Outstanding | Bank/Branch |
| | | | |

DECLARATION

I have read / understood and hereby agree to be bound by the Terms and Conditions governing IOB VISA CREDIT CARD 2006 (as furnished separately). The particulars furnished above are true to the best of my knowledge and belief and I agree to inform the Bank, changes if any, as & when they occur. I agree to pay the membership / Annual fee & other charges which will be fixed by the Bank, from time to time. I agree to settle all dues arising under IOB VISA CREDIT CARD that may be issued in my name and Add-On-IOB VISA CREDIT CARD that may be issued in the name(s) of my family members in accordance with the Terms and conditions as existing and as amended from time to time. I hereby authorize you to contact my employer / Bankers as and when you feel the need to do so in connection with this application / my transactions under IOB VISA CREDIT CARD. I have neither applied for nor obtained IOB VISA CREDIT CARD so far. The use of card will be deemed to be acceptance of the terms and conditions. I also hereby authorise you to inform / get the details of my transactions including default of payment that may occur to / from any of the Credit Card issuers, other Banks, Financial Institutions, Credit Information Bureau of India Ltd. (CIBIL) and any other organisation as the Bank may deem fit without obtaining any further oral or written consent from me.

Place :

Date :

Signature of Main Card Holder (Applicant)

ASSIGNMENT / NOMINATION FOR CARD HOLDER INSURANCE

I (Name of the Applicant) do hereby assign the money payable by United India Insurance Company Ltd. in the event of my accidental death to (Name of the Nominee) who is my (relationship to the applicant). If the nominee is minor, name and address of the guardian.....

I hereby authorise the Bank to adjust the IOB VISA CREDIT CARD dues, if any, from the insurance claims settled. I further declare that the nominee's receipt shall be sufficient proof of discharge to United India Insurance Co. Ltd.

(Signature of Applicant)

Name of Witness

Signature of Witness

Address of Witness

Date this day of20 at

