



CREDIT CARD APPLICATION FORM

For quick processing of your application, please complete all sections in BLOCK LETTERS. Boxes where appropriate and write N. A. if not applicable. Please fill in CLEAR BLOCK Letters, without touching the boxes e.g. A B & use BLACK INK only

I / We wish to apply for BOBCARD

GOLD (VISA) GOLD (MASTER) EXCLUSIVE SILVER PLATINUM

Card/s / Bills to be sent to Residence Office

Staff E.C. No.

Name :

Branch :

Recommended by

BOB Br. BCL Br. DSA Others

Ref No

PERSONAL INFORMATION # Denotes Mandatory fields

Please leave one blank space between each name!

Your Full Name is Mr. Mrs. Ms. Dr.

Your name, As you would like to have on Card

Sex Male Female

Date of Birth DD MM YY Age

Marital Status Single Married

Date of Marriage Anniversary DD MM No. of Dependents

Nationality - Resident Indian Non resident Indian

Educational Qualifications : Under Graduate Graduate Post Graduate Professional Others

University / Institution

Father's Name

Mother's Maiden Name #

Spouse Name

Mobile No. of Spouse

Vehicle Owned : 2 Wheeler 4 Wheeler Self Owned Rented Company Provided

Your present residential address

City Pin Land Mark

Mobile # e-mail ID # Tel. (with STD code) #

Have You changed your Residence Once in Last 3 Years More than Once in Last 3 Years Not Changed Your Present Resi. Is Self Owned Rented Company Provided Others

Your permanent address

City Pin Tel. (with STD code)

(For Verification)

ABOUT YOUR OCCUPATION

Occupation Professional Self Employed Service House Wife Other

Name of Organisation / Employer

Your Designation : Director / Sr. Executive / Managerial Junior / Clerical Others Emp.Code

Department No. of Years in Current Org. Months

Your present office address

Tel. (with STD code)

Extn.

Details of INCOME, BANK & FINANCIAL OUTSTANDINGS

Annual Income (In Rs.) Other Income (In Rs.) Spouse Income (In Rs.)

Income Per Month More than 20,000 More than 15,000 More than 10,000 Customer ID :

FAN No. Tax paid (In Rs.) Year of Tax Paid

Bank name

Branch Address

City

Nature of A/c Savings A/c Current A/c Other CBS A/c No. No. of Yrs with Bank

Type of Loan : Housing Loan Car Loan Consumer Loan Business Loan others (please specify)

Loan Amount Current Outstanding Duration of Loan months

Name of the Institution from where Loan taken Branch

OTHER CARD DETAILS

Bank of Baroda Debit Card No. : _____ Valid up to _____

In case already holding other Credit Cards, Last bill Statement to be Attached

	Bank's Name	Card No.	Valid up to	Credit Limit
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

ADD-ON CARDS

I Would like to apply for Add-on Cards for

1	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Occupation _____	Date of Birth	DD	MM	YY
2	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Occupation _____	Date of Birth	DD	MM	YY
3	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Occupation _____	Date of Birth	DD	MM	YY

(For Verification) RELATIVE / REFERENCE NAME (Mandatory)

Name _____ Tel : _____
 Address: _____
 Pin Code _____

(For Verification) RELATIVE / REFERENCE NAME (2) (Mandatory)

Name _____ Tel : _____
 Address: _____
 Pin Code _____

NOMINATION FOR PRIMARY APPLICANT

Name _____ Relationship _____

Undertaking from applicant (Mandatory)

The Manager
 Bank of Baroda

_____ Branch

Sir,

Re: My Bobcard Credit Card application

With regard to my credit card application, submitted to you for consideration, I hereby assure that there will be no default in payment against my Bobcard bill.

However, in the event of default in making payment of Bobcard dues, you are irrevocably authorized to debit any of my SB/CA/Other A/Cs maintained with you against the demand raised by Bobcards Ltd.

Yours faithfully,

X
 Sign:

Name: _____ Date of Birth _____

A/c No.
 (In case of joint A/c, signatures of all joint a/c holders required.)

COLOUR PHOTOGRAPH

Primary Applicant

Please Paste
Passport size
Photograph here
(colour)

Add-on 1

Please Paste
Passport size
Photograph here
(colour)

Add-on 2

Please Paste
Passport size
Photograph here
(colour)

Add-on 3

Please Paste
Passport size
Photograph here
(colour)

DECLARATION

In consideration of BOBCards Ltd/Bank of Baroda granting/reviewing facility to use the credit card, I do hereby declare and confirm that I have personally read and understood and interpreted aim vernacular, in full, before execution of all terms & conditions that have been received by myself. It is my responsibility to obtain the terms and conditions applying to the Bobcards International credit card separately and read the same. I will be bound by the terms and conditions as may be in force from time to time. I agree to be charged the joining card fee in my first statement. In case of application for add-on(s), I will be billed for such add-on cards in the monthly statement. I undertake that the usage of the credit card shall be strictly as per the exchange control regulations of the Regulatory authorities as applicable from time to time which I undertake to keep myself updated with and in any event of any failure to do so, shall be liable for action under the Foreign Exchange Management Act 1999, or its statutory modification or re-enactment thereof. Credit limit on my card account may be reviewed as per the bank policies specified from time to time and the bank will be entitled to cancel my application/cards/alter the credit /cash limit/product upgrade at any time without assigning any reasons.

I hereby authorize the Bobcard Ltd/Bank of Baroda to provide information about the applicant and /or the card Account to any office or branch of any company associated with the bank, any bank or financial credit bureau and to third parties engaged with Bobcards Ltd.

I confirm that the attached photograph is present true identity of myself and that of my additional card application, which authorizes BOBCARD Ltd to apply to our credit cards and for which is accepted full responsibility and agree to make claims against BOBCARDS Ltd, in respect thereto. And that this condition applies in addition to 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 Institution/Bank and my repayments are regular.

By signing this application, I understand that all the transactions effected through my card account, I including my successor, legal heirs, assignees shall be lawfully responsible for making payments of the same, as per the payment schedule in force time to time. I further understand that mere disputing the transaction shall not absolve my prime liability to defer/delay the payment of my credit card dues and I along with my successor, legal heirs, assignees will be fully responsible for making payments of the same, as per the payment schedule in force time to time. I further understand that mere disputing the transaction shall not absolve my prime liability to defer /delay the payment of my credit card dues and I along with my successors, legal heirs, assignees shall be solely liable for all the dues as may be billed to me from time to time.

I understand that Bobcard Ltd/Bank of Baroda will provide the credit card as per Bank's internal guidelines and I give my consent for issuance of different card in case I am not applicable to the product applied for.

I agree to abide by the terms and conditions as may be amended by the bank from time to time, without giving notice to me.

The most important terms & conditions as available on the website www.bobcards.com has been read by me and I agree to abide by them.

I am an individual applicant

I am a corporate applicant

I am a joint applicant

I am a minor applicant

Please Note : (1) Please attach the relevant income related documents. (2) The bank reserves the right to provide the applicant with card on the information available to the bank and the Bank - Bobcards Ltd. assessment of credit rating (3) This application form does not constitute an offer for the card but is only an invitation to treat an offer (4) The bank reserve right to accept or reject this application without any reason and issue cards with lower limits.

Enclosed Required Documents **Residence Proof :** Electricity/Telephone bill Ration Card /Election card
Income Proof : Income Proof Latest IT Return / Form 16 & Salary slip Latest 3 months Bank Statement

Account Type : Individual Joint (NOTE: In case of joint account, Undertaking from applicant is to be jointly signed by all A/c holders.)

Copy of PAN card Coloured photograph

FOR CORPORATE OFFICE USE

Prime Card No.

Add - on 1 Card No.

Add - on 2 Card No.

Add - on 3 Card No.

Date of Issue :

Verified by : Officer / Executive / AVP
 Sanctioned by : EVP / VP-1 / VP-2 / AVP /
 Executive / PSS

(For Auto Debit Facility)

Sir,

Re: Authority to Debit my SB /CA a/c against my Bobcard dues.

I have applied for Bobcard (Type) _____ card. Irrevocably authorize Bobcards Ltd. to debit my (SB / CA) _____ A/c no. _____ maintained at Bank of Baroda _____ branch, as indicated below

Total amount due; Minimum amount due; Customer Specific _____ %

I hereby also confirm that I am an authorized signatory of the above stated a/c & it pertains to me.

We Recommend & Verify the above signature
Bank of Baroda

Yours faithfully,

Name : _____
Authorised Signatory
Signature No.: _____

VERIFICATION REPORT FROM BANK OF BARODA BRANCH

BoB Branch Name : _____ BoB Branch Code : _____

BoB Branch Phone No. : _____

Name of the Applicant : _____

Account Type : Savings A/c Current A/c Fixed Deposit Loan A/c Others

A/c. No. : _____ Avg. Qty. Bal. : _____

If Fixed Deposit, Please Specify : _____
Receipt No. _____ Amount _____

Lien Noting Date _____
Type _____ For Amount _____
For Amount _____

If Loan A/c, Please Specify : Asset Classification _____ Account Opening Date : _____

Conduct of A/c : _____ Limit Sanctioned : _____

Address in BoB Records : _____

Phone No. : _____ Mobile No. : _____

Card Type : Normal VIP Staff (BCL:BOB) Limit Recommended : _____

Documents Verified from the Originals : Yes No

Any A/c maintained by other Family Members : Yes No If yes, A/c Type & No.:

Conduct / Report of the Applicant with Bank Officials :

Remarks, If any :

Declaration : We confirm, 1. The details furnished above are correct. address and other particulars mentioned in the application are verified from our records.
2. The conduct of the account is satisfactory.

Branch Recommendation : Yes No

Information Verified by & Date :

Sign & Seal; Branch Manager :

Signature Code

Note: Requisite information is mandatory. Incomplete details may lead to rejection of the application

For further details you are welcome to nearest Area Office of BOBCARDS or any branch of Bank of Baroda or visit : www.bobcards.com for any information
For any queries call at Toll Free No. 1800 225 110 or email at mktg@bobcards.com

