

III. MY BANKING RELATIONSHIP

Name of my Bank

Type of A/c Savings A/c Current A/c Fixed Deposit A/c PPF A/c

Account No. Year of opening A/c (Approx.) No. of credit cards owned

Credit Card #1 : Card No.

Credit Card #2 : Card No.

IV. Please fill this section only if you are applying for the SBI Platinum Card

I am currently a member of the Kingfisher King Club program Yes No If Yes My King Club membership number is

I am agreeable to sharing the information provided in this application form for my membership to the King Club programme. I further acknowledge that any such information shared with Kingfisher Airlines Limited shall be used in accordance with the Terms and Conditions of the King Club Programme

V. BALANCE TRANSFER (OPTIONAL)

Post issuance of an SBI Card to me, I wish to avail the Balance Transfer* facility on the terms set out herein. Kindly transfer the following amount (Transfer Amount) to my other Non-SBI credit card as per the particulars mentioned below and charge the same against my SBI Card Account.

Card issuing Bank Amount to be transferred Rs.

Credit Card No. Amount in Words Rs.

Terms: 1. Transfer Amount is subject to a minimum of Rs.5000 upto maximum of 75% of your SBI Card's available Credit Limit, but shall not be in excess of the outstanding balance on other card account (the disbursed BT amount may vary from the requested amount depending on the available credit limit). 2. The preferential rate of interest on the Transfer Amount will be levied as per the following plans: a) 0% p.m. for 60 days b) 1.7% p.m. for 6 months

PLEASE SIGN HERE

Signature of Primary Card Applicant

VI. ADDITIONAL SBI CARD REQUEST (OPTIONAL)

Please issue the additional card to my following family member.

Relationship with me Spouse Parent Son/Daughter (above 18 years) Brother/Sister (above 18 years)

Name as I would like it on the card (max. 19 letters)

Date of Birth Gender Male Female

PLEASE SIGN HERE

Signature of Primary Card Applicant

VII. CUSTOMER DECLARATION (IMPORTANT : PLEASE READ BEFORE SIGNING)

I am agreeable to: Receiving marketing related communications from SBI Cards.

I hereby confirm and declare that:

I have read and understood the contents of this SBI Credit Card application form and the attached Most Important Document and, hereby apply to SBI Cards and Payment Services Pvt. Limited ("SBICPSL") for the issuance of Primary / Additional credit card ("Card").

I confirm that I have received the MITC (Most Important Terms & Conditions) along with the application form and have read all the details in it. I am aware that the MITC is available for reference in the SBI Card website www.sbicard.com.

I understand, agree and concur that all the documents filled, consented and signed by me are to be read concurrently and that all these documents signed in parts taken together constitute one application form for a SBI credit card in accordance with all the specific terms contained therein.

Place Date

PLEASE SIGN HERE

Signature of Primary Card Applicant

VIII. INSURE YOUR SELF AND YOUR CARD PAYMENTS (OPTIONAL)

SBI Card Protection Plus Insurance Scheme : (To avail the benefits of Protection Plus Insurance Scheme all you need to do is sign below; and nominate a beneficiary)

Yes, I would like to take advantage of Protection Plus Insurance Scheme to protect my card payments and myself. I certify that I am between 18 and 64 years of age. I further declare that I am in good health, do not have any bodily defect or deformity and am not suffering from any serious illness. I do hereby agree that the above declaration shall be the basis of my admission to SBI Card Protection Plus Insurance Scheme and if found untrue or is misleading or any material information is withheld herefrom, no claim under this insurance coverage will be payable by SBI Life and RSA/SBI Cards to the extent this declaration is applicable to them. I authorize you to debit my card account with the relevant monthly charges* as under until further notice. I also understand that I can withdraw from the Scheme by giving a written notice. I authorize SBICPSL to disclose, from time to time, any information relating to my/our card(s) as SBICPSL may deem fit and proper to SBI Life and RSA for the purpose of issuance and administration of the Protection Plus Insurance policy.

Monthly Charges: Personal Accident premium Rs. 24/-; Suraksha Plus premium: 0.1% of total outstanding (inclusive of service tax); and Admin. Charge Rs. 20/-*

← Please Sign here only if you are opting for Protection Plus Insurance Scheme.

*Service Tax extra, as applicable.

Place

Signature of Primary Card Applicant

SBICPSL is the composite agent for Royal Sundaram Alliance Insurance Co. Ltd. and SBI Life Insurance Co. Ltd. Vide Corp. Agency License No. 2105154.

IX. NOMINATE A BENEFICIARY TO YOUR INSURANCE BENEFITS

I, do hereby assign the monies payable for the Insurance under Protection Plus Insurance Scheme and the Free Personal Accident Policy* by the respective insurers to my (relationship)

I further declare that his / her receipt shall be sufficient discharge to the Insurance Company.

Witness Name

*Free Personal Accident Policy is applicable only on Spicejet, Go Air and IRCTC Cards.

PLEASE SIGN HERE

Signature of Primary Card Applicant

X. CARD PROTECTION PLAN (CPP) : Enrollment Form (CPP is offered by CPP ASSISTANCE SERVICES (P) LTD.)

- One free call to block all your cards
- Fraud Protection*
- 24 - Hours Helpline
- Lost PAN card replacement

	1 Year Single**		1 Year Joint***	
Classic	<input type="checkbox"/> Rs. 1,145	<input type="checkbox"/> Rs. 1,745	<input type="checkbox"/> Rs. 1,495	<input type="checkbox"/> Rs. 2,245
Premium	<input type="checkbox"/> Rs. 1,745	<input type="checkbox"/> Rs. 2,645	<input type="checkbox"/> Rs. 1,745	<input type="checkbox"/> Rs. 2,645
Platinum	<input type="checkbox"/> Rs. 1,745	<input type="checkbox"/> Rs. 2,645	<input type="checkbox"/> Rs. 1,745	<input type="checkbox"/> Rs. 2,645

Joint Applicant's Name

Terms & Conditions: Yes, I would like to take advantage of Card Protection Plan to protect my cards and the joint applicant's cards (if any). I authorize SBICPSL to please charge the amount indicated to my SBICPSL account and subsequent payments when due at the prevailing rate until cancelled by me in writing. I authorize SBICPSL to disclose, any information relating to my / our card(s) as SBICPSL may deem fit and proper to CPP for the purpose of issuance and administration of the Card Protection Plan membership. I hereby understand and agree that it is my responsibility to obtain, read and understand the terms and conditions related to the Card Protection Plan.

PLEASE SIGN HERE

Signature of Primary Card Applicant (Please sign here only if you are opting for Card Protection Plan)

* The insurance part of the fraud protection cover under the product is underwritten by Royal Sundaram Alliance Insurance Co. Ltd. ** Charge applicable when plan opted for a single customer. *** Charge applicable when plan opted for cards of family members. The Card Protection Plan product and services has been designed and is being provided by CPP Assistance Services (P) Ltd without reference to SBICPSL. SBICPSL is only a service provider of CPP and accordingly does not accept any responsibility or liability pertaining to the CPP product.

Premium Chart for One Year (Inclusive of 10.3% Service Tax*). Please tick your preference.

Plan Details	1 Adult			2 Adults		2 Adults + 1 Child		2 Adults + 2 Children	
	1 Lac	2 Lac	3 Lac	2 Lac	3 Lac	2 Lac	3 Lac	2 Lac	3 Lac
Up to 35 yrs	<input type="checkbox"/> 1,597	<input type="checkbox"/> 2,087	<input type="checkbox"/> 2,403	<input type="checkbox"/> 3,482	<input type="checkbox"/> 4,010	<input type="checkbox"/> 4,493	<input type="checkbox"/> 5,177	<input type="checkbox"/> 5,502	<input type="checkbox"/> 6,390
Up to 45 Yrs	<input type="checkbox"/> 2,022	<input type="checkbox"/> 2,643	<input type="checkbox"/> 2,918	<input type="checkbox"/> 4,411	<input type="checkbox"/> 4,869	<input type="checkbox"/> 5,418	<input type="checkbox"/> 6,074	<input type="checkbox"/> 6,478	<input type="checkbox"/> 7,238
Up to 55 Yrs	<input type="checkbox"/> 3,871	<input type="checkbox"/> 5,059	<input type="checkbox"/> 5,617	<input type="checkbox"/> 8,442	<input type="checkbox"/> 9,374	<input type="checkbox"/> 9,470	<input type="checkbox"/> 10,564	<input type="checkbox"/> 10,574	<input type="checkbox"/> 11,827
Up to 60 Yrs	<input type="checkbox"/> 4,894	<input type="checkbox"/> 6,397	<input type="checkbox"/> 7,104	<input type="checkbox"/> 10,674	<input type="checkbox"/> 11,855	<input type="checkbox"/> 11,734	<input type="checkbox"/> 13,158	<input type="checkbox"/> 12,820	<input type="checkbox"/> 14,349
Up to 65 Yrs	<input type="checkbox"/> 5,873	<input type="checkbox"/> 7,676	<input type="checkbox"/> 8,525	<input type="checkbox"/> 12,810	<input type="checkbox"/> 14,227	<input type="checkbox"/> 14,078	<input type="checkbox"/> 15,788	<input type="checkbox"/> 15,386	<input type="checkbox"/> 17,220

Administration Fee of Rs. 299 will be applicable per policy per annum. *Any change in service tax by notification of Government will have an impending effect on premium

• Family Health Floater insurance is available for self, spouse and dependent children (aged between 91 days and 21 years) and dependant parents. It is not mandatory to enroll self into the plan. • Premium slab is applicable as per the highest age in the family. • At the time of renewal, if the age band changes, the premium will be increased and if expiring policy has a claim then the renewal premium will be loaded as per terms and conditions. • The premium quoted currently is subject to a hike up to 40% in future. However, any hike above 40% will be done only with specific approval from the Insurance Regulator (IRDA). • Change in sum insured during renewal is subject to approval of Royal Sundaram Alliance Insurance Co. Ltd. • Any changes in Term and Conditions will be informed in writing to policyholder 90 days prior to renewal.