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|------------------------------------------|----------------------------------------|--------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Business | <input type="checkbox"/> Public sector | <input type="checkbox"/> Government | <input type="checkbox"/> Private sector |
| <input type="checkbox"/> Employed with | <input type="checkbox"/> Doctor | <input type="checkbox"/> Lawyer | <input type="checkbox"/> CA/ICWA/ACS |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Architect | <input type="checkbox"/> Teacher | <input type="checkbox"/> Public Ltd |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership | <input type="checkbox"/> Private Ltd | <input type="checkbox"/> Journalist |
| <input type="checkbox"/> Others | | | |

Annual Income Rs _____ Other Income Rs _____

Financials Details

ASSETS			LIABILITIES	
1. Description & Address of the immovable property/ies	Present Market Value	Annual Income From Immovable property/ies	Details of liability	Amount
2. Details of movable property/ies including deposits, shares, debentures etc.	Present Market Value	Annual Income From movable property/ies		

Enclosures

- Salary Certificate Proof of other Income Proof of Business Income (Copy of IT/WT assessment Order)

References

1] Name . _____
Address . _____

Tel : (O) _____ (R) _____ (Mobile) _____ (Fax) _____

2] Name . _____
Address . _____

Tel : (O) _____ (R) _____ (Mobile) _____ (Fax) _____

EXISTING CARD DETAILS

Domestic

Sl.No	Card Number	Expiry Date	Issued by	Limit fixed
1.				
2.				
3.				

International/Global

Sl.No	Card Number	Expiry Date	Issued by	Limit fixed
1.				
2.				
3.				

BANK ACCOUNT DETAILS

Sl.No	Name of the bank/branch	Nature of A/c	Banking Since
1.			
2.			
3.			

Particulars of Deposits credit facilities, if any

Deposits :					Credit facilities :	
No.	for Rs.	with	branch of	Bank	A/c No	Limit

ADD-ON CARD DETAILS

Would you like to have an Add-on Card ? Yes No

If yes, particulars of the Add-on card

Name of Add-on applicant : _____

Date of Birth : _____

Relationship : Spouse
 parent
 Major son/daughter of applicant

Nominee

Name of Nominee : _____

Relationship : _____ Age : _____

Address : _____

I hereby nominate the above person to receive the claim amount payable by the Insurance Company in the event of accidental death after adjustment of dues, if any, payable to the card issuing bank. I further declare that the Nominee's receipt shall be sufficient discharge to the Bank/Company

Signature of applicant

I/We hereby authorise you to debit my/our _____ A/c No _____ with VIJAYA BANK _____... branch as and when the bills are raised.

I/We undertake to use the Global Credit Card facility strictly in accordance with FEMA and exchange control regulations of Reserve Bank of India notified from time to time and within my/our entitlement thereunder. In the event of exception to the above, I/We accept the bank and/or authorized dealer of Foreign Exchange to report the same to RBI and I may be barred from holding bank's global Credit Card either at the instance of Vijaya Bank or Reserve Bank of India. I/We also undertake not to utilize my card for purposes restricted under RBI guidelines in force and specifically undertake not to utilize the card for lotteries, gambling transactions etc.

I/We agree that the approval of the application is subject to the bank's discretion and that the bank reserves the right to decline the application without assigning any reason. I/We authorize the bank to contact my employer, references & any other source for verification & any other information required in respect of issuance of the Vijaya Bank Credit Card. I/We further, authorize the bank to pass on this information to Credit Information Bureau.

I/We further confirm that all the information given in the application is true, correct & complete and forms the basis for issuance of Vijaya Bank Credit Card. If the application is accepted, I/we will be bound by the set terms & conditions printed overleaf which are in force or as may be amended from time to time.

Correspondence & bills may be addressed to Office Residence

Date :
Place:

Signature of applicant

Signature of add-on applicant

Branch Recommendation

We confirm having verified all the particulars furnished in the application including address of the applicant, we recommend the issue of VISA GLOBAL card with a credit limit of Rs _____.. along with ADD-ON CARD in the name of _____. The Credit Card bills may be debited to _____. A/c No _____

Branch Name & Code No :
Date of recommendation :

Branch Head
Signature with seal

NAME OF BRANCH MANAGER IN CAPITALS

Regional Office Sanction/Recommendation

Credit limit : Rs _____
Sanction No & Date : _____.

Processed by

Regional Head
(Signature with seal)

