BOB Financial
Credit reimagined

BANK OF BARODA CREDIT CARD APPLICATION FORM

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

I/We wish to apply for#

☐ **EASY** ☐ **SELECT** ☐ **PREMIER** ☐ **ASSURE**

Preferred Mailing Address# ☐ Present ☐ Permanent ☐ Office

The credit card is internationally Valid. In case you wish to deactivate international usage, please tick the box ☐

APPLICANT'S INFORMATION#

Full Name Mr./Mrs./Ms./Dr. First Name Middle Name Last Name

Name, as you would like to have on Card

Mother's Maiden Name

Father's Name

Date of Birth DD MM YY Gender ☐ Male ☐ Female ☐ TG Nationality ☐ Resident Indian ☐ NRI ☐ Foreign National

Marital Status ☐ Single ☐ Married ☐ Widow(er) AADHAAR No.

PAN No.

Educational Qualifications: ☐ Graduate ☐ Post Graduate ☐ Professional ☐ Other _____

Present Residential Address

City# Pin#

Landmark

Tel. (with STD code)

Mobile#

Email ID#_____

Alternate Mobile No.

Permanent Residential Address

City# Pin#

Landmark

Tel. (with STD code

OCCUPATION

Employment Status# ☐ Business ☐ Professional ☐ Self Employed ☐ Salaried ☐ Others _____

Employer Type ☐ Govt. ☐ NGO ☐ Private ☐ Public

Name of Organisation / Employer

Designation: _____ Employee code (for Bank of Baroda/ its affiliates employees)#_____

Department No. of Years in Current Org. Months

Present Office Address# City

Pin Tel. (with STD code Extn.

Gross Annual Income (in Rs.)#

BANK DETAILS

Bank Name

Bank A/c No. Savings A/c ☐ Current A/c ☐ Other ☐

#Mandatory fields. Do not leave blank as it may lead to delay/ rejection of the application.

Form made fillable by Karvitt.com

ADD-ON CARDS (Photo Idenity Proof Required) (Must be over 18 Years of Age)

I Would like to apply for Add-on Cards for

1 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ M F TG Date of Birth# DD MM YY

☐ Spouse ☐ Parent ☐ Sibling ☐ Child Mobile Number ☐☐☐☐☐☐☐☐☐☐

2 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ M F TG Date of Birth# DD MM YY

☐ Spouse ☐ Parent ☐ Sibling ☐ Child Mobile Number ☐☐☐☐☐☐☐☐☐☐

3 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ M F TG Date of Birth# DD MM YY

☐ Spouse ☐ Parent ☐ Sibling ☐ Child Mobile Number ☐☐☐☐☐☐☐☐☐☐

NOMINATION FOR PRIMARY APPLICANT#

I_____(Name in full) do hereby assign the moneys payable by the Insurance Company, in the event of my death due to accident to my_____ (mention relationship with the insured) Mr./Mrs./Ms._____and I further declare that his/her receipt shall be sufficient discharge to the Company.

(Name in full) _____Signature_____ Date_____ Place _____

COLOUR PHOTOGRAPH#

Primary Applicant	Add-on 1	Add-on 2	Add-on 3
Please Paste Photograph here (colour)	Please Paste Photograph here (colour)	Please Paste Photograph here (colour)	Please Paste Photograph here (colour)

DECLARATION

In consideration of BOB Financial Solutions Limited (BFSL) granting facility to use the credit card, I do hereby declare and confirm that I have personally read, understood and interpreted the MITC (Most Important Terms & Conditions) fully as available on Company's website www.bobfinancial.com. I will be bound by the terms and conditions as may be in force from time to time and receipt/use of the card shall be deemed to be acceptance of those terms and conditions. I agree to be charged for the first year fee in my first statement. In case of application of add-on card(s), I agree that I will be billed for such add-on card(s) in the monthly statement. I understand 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 understand to keep myself updated with. And in case of any failure to comply by such regulations, I shall be liable for action under the Foreign Exchange Management Act 1999, or its statutory modification of re-enactment thereof. I agree that credit limit on my card account may be reviewed as per the Company policies specified from time to time and the Company will be entitled to cancel my application/cards or to alter the credit/cash withdrawal limits or update the product at any time without assigning any reason. I understand that BFSL will provide the credit card as per its internal guidelines and I give consent for issuance of any different credit card in case I am not eligible for the credit card applied for. I am also aware and agree that in the event of my application getting approved, E-statements would be sent every month to the email id as updated in your records. Also, all SMS related to the card account will be sent to the registered mobile number provided in the application.

I hereby authorize BFSL to provide and collect information about the applicant and or the card account to the financial credit bureaus/ regulatory authorities. I confirm that the attached photograph presents true identity of me and that of my additional card applicants, which authorizes the Company to apply it to my credit cards and for which I accept full responsibility and agree to not make any claim against the Company, 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 Institute/ Bank and my repayments are regular. By signing this application, I understand that all the transactions are effected through my card account. I, including my successors, legal heirs, assignees shall be lawfully responsible for making payments for the same, as per the schedule in force from time to time. I further understand that mere disputing the transactions 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 will be fully responsible for making payments of the same, as per the payment schedule in force from time to time.

I further authorize BFSL and/or its associates/subsidiaries/affiliates to verify from, and disclose to, any information pertaining to me /my office/residence and/or contact my family members and/or my Employer/Banker/Credit Bureau/CIBIL/RBI and/or any third party including but not limited to Financial credit bureaus/ regulatory authorities etc. as they deem necessary and/or to do any such verification as they deem necessary.

I confirm that I have no insolvency proceedings pending against me nor have I ever been adjudicated insolvent. I agree that my signature on the charge slip will amount to an unconditional undertaking by me to pay BFSL the amount stated therein and agree that a copy of my periodic statement of accounts will be a conclusive evidence of my liability for the charges stated therein.

I understand applicable taxes from time to time will be levied on fees, interest and other charges, as per government guidelines.

I also understand that the BFSL reserves the right to vary any or all of the Terms & Conditions of the Schedule of Charges from time to time. Changed Terms & Conditions shall be communicated through the BFSL's website and/or by other acceptable modes of communication treating it as a due intimation to the cardholder.

I/we am/are maintaining individual/ joint accounts in Bank of Baroda. I have applied for Bank of Baroda credit card and I/we irrevocably authorize the Company to debit my/our A/c No. _____ maintained with Bank of Baroda _____ branch, against monthly/ any dues in Credit Card issued to me on the basis of this application form.

Signature of Joint account Holder if applicable

☐ Yes ☐ No

☐ Total Amount Due ☐ Minimum Amount Due ☐ Customer specific ☐☐ % (if not specified total amount due will be debited)

I undertake that all the documents submitted by me with this application are self-attested true copies of the original documents and are deemed to be submitted by me to BFSL. I further understand that in case application is not considered favourably, the Company reserves the right to retain the documents submitted with this application.

I agree to abide by terms and conditions as may be amended by the Company from time to time, without giving notice to me. The MITC (Most Important Terms & Conditions) as available on the Company's website has been read by me and I agree to abide by them.

I understand that the Company reserves the right to withdraw any of the existing features/ conditions including Personal Accidental Death Cover, in which case the nomination details obtained would stand null and void. I further understand that in the event of settlement of claim by the Insurance Company against Personal Accidental Death Cover, BFSL dues, if any shall be appropriated first and balance shall be paid to the nominee. In case of default in payment of the card outstanding, Company may refer the matter to the sole arbitrator to be appointed by the Company. The arbitration shall take place in Mumbai and/or Delhi and I undertake to abide by terms and conditions whatsoever of the award, if any passed by such arbitrator.

I hereby authorize BFSL to share cardholder information/transaction details with parent, subsidiaries, affiliates, business partners and/or associates of BFSL for the purposes of marketing and offering various products and services of BFSL or its group companies, subsidiaries, affiliates, business partners and/or associates. (Yes____No____)

Signature of Primary Applicant#

X

For Office use only	Origin Code	Campaign Code	Promo Code	Application number
	_____	_____	_____	_____

Date_____

Place_____

BOB Financial Solutions Limited (formerly known as Bobcards Limited)
Regd. Office: "BARODAHOUSE", 2nd floor,Behind Dewan Shopping Centre,
S.V. Road, Jogeshwari (W.) Mumbai - 400 102. INDIA. Phone: 91 22 4206 8502;
Fax: 91 22 2677 7560, CIN: U65990MH1994GOI081616 www.bobfinancial.com

Form made fillable by Karvitt.com