Bank of Baroda **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# Credit Card **SELECT PREMIER PRIME EASY Preferred Mailing** Office Present Permanent Address# First year\*/Annual fee\* ₹500/-₹750/-₹1,000/-NIL I agree to be charged for the first year credit card annual fee in my first statement. \*Reversed if spends within 60 days of card issuance : ₹ 6,000 for Easy, ₹ 7,500 for Select and ₹ 10,000 for Premier \*\*Waived if spends in preceding year : ₹ 35,000 for Easy, ₹ 70,000 for Select and ₹ 120,000 for Premier APPLICANT'S INFORMATION# Mr./Mrs./Ms./Dr. First Name Middle Name Last Name Full Name Name to be printed on Credit Card Mother's Maiden Name Father's Name Date of Birth Gender Male Female TG Nationality Resident Indian NRI/PIO Foreign National Single Widow(er) AADHAAR No. Marital Status Married PAN No. Educational Qualification: Graduate Post Graduate Professional Other Present Residential Address Permanent Residential Address Pin City City Landmark Landmark Tel. (with STD code Tel. (with STD code) Mobile#

Employment Status# Business Professional Self Employed Others  Employer Type Govt. NGO Private Public							
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							
Office Address#							
City							
Pin Tel. (with STD code) Extn.							
Gross Annual Income (in Rs.)#							
RANK DETAILS							

Savings A/c

Current A/c

Other

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

Email ID#\_

Bank Name Bank A/c No.

Alternate Mobile No.

	7.55 011	CARDS (FIIOLO)		(	3.7						
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				DD MM YY					
2 Spouse Parent Sibling	Child Mobile	Number		M F TG	Date of Birth#						
			IARY ARRIGAL	NT#							
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 ins	sured) Mr./Mrs./Ms				•	lischarge to the Company.					
(Name in full)		Signature		Date	Place						
COLOUR PHOTOGRAPH,											
Primon, Applicant		Add-on	1		Add-or	. 2					
Primary Applicant		Add-on	1		Add-or	12					
Please Paste		Please Pas	te		Please Pa	aste					
Photograph here		Photograph I			Photograph	n here					
(colour)		(colour)			(colour	)					
		DECLARA	ΓΙΟΝ								
fully as available on Company's website www.bofinancial.com. I confirm that I have received the MITC along with the application form and have read all defails in it. The MITC provided is in English language and I am fully conversant with English to understand the MITC. Further, I request BOB Financial Solutions can available and a received to 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 mornity statement. I declare and understand that the Credit Card issued to me, it used overseas, shall be utilized stirctly in accordance with the relevant excharge control regulations as may be in force from time to time. In the event I exceed my entitlements as per the exchange control guidelines of RBI. J understand the charge with the relevant excharge control regulations as a many that the event I exceed my entitlements as per the exchange control guidelines of RBI. J understand the excharge control guidelines of RBI. J understand the excharge control guidelines of RBI. I understand that the company being a sea mended by the notice of BFS. In writing, In the event of any failure to comply with the prevailing exchange control guidelines of RBI. I agree that credit limit on my card account may be reviewed as per the Company policious 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 in aspert to receil card and policion for a many accounts and the company policion for a many accounts and the company policion for a many accounts and account and account will be sent to the registered mobile number provided in the application. I would like to partner with BFSL on "The Go Green" initiative. Please mail my credit card in the sent polic											
against monthly/ any dues in Credit Card issued to me on the bas		Yes No		Signature of Joint account Holder if applicable							
Total Amount Due Minimum Amount Due	Customer s	pocific	% (if not specified total	amount due will be del							
		·	, .		,						
I have an active Bank of Baroda Credit Card : Yes		sting Merchant relations			(If yes, provide MID nun	•					
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 undertake not to use the Credit Card on Internet or otherwise for purchase of prohibited items like lottery tickets, banned or proscribed magazines, participation in sweepstakes, payment for callback services, remittance in any form towards overseas forex trading, margin calls to overseas exchanges/overseas counter party, trading exchange in domestic/overseas markets etc.  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 confirm and authorize BFSL to (a) Use my Aadhaar details to authenticate me from Unique Identification Authority of India (UIDAI) (b) UIDAI to release my demographic details to BFSL through biometric authentication which BFSL may use for KYC verification (identifyladdress proof) for the purpose of Credit Card.  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. (YesNo)  I am interested to know more about the various other product(s)/service(s) of BFSL and/or affiliates/subsidiary/holding company of BFSL or agents authorized by BFSL and hereby provide my consent to and/or affiliates/subsidiary/hold ing company of BFSL or agents authorized by BFSL and hereby provide my consent to and/or affiliates/subsidiary/hold ing company of BFSL or agents authorized by BFSL to contact me for the same and this consent shall have an overriding effect on any National Do Not Call (NDNC) registry made/opted by me.											
I confirm that the attached address proofs are presently valid and KYC documents. In case any of the above information is found to	true verification documents o be false, I am aware that I m	of myself. I will notify BFSL nay be held liable for it.	immediately when there is a	a change in my current res	sidential addréss, by giving						
I/we hereby Submit my Aadhaar number/Aadhaar Card/Aadhaar Details ("Aadhaar Details") as issued by UIDAI as proof of identity and Address for KYC purpose. Further, I/we voluntarily provide my/our independent consent for submitting my/our Aadhaar Details to BOB Financial Solutions Limited (BFSL), as per regulations of Aadhaar Act, 2016 for processing my credit card application. I confirm and agree that BFSL shall not be liable in any manner whatsoever due to my submitting Aadhaar Details with BFSL. I further state and declare that while sourcing the application of Bank of Baroda Credit Card: No Cash has been collected from me. No credit limits / additional gifts etc. have been promised to me. I shall contact the BoB Credit Card Customer Helpline in case I have any doubts/clarifications.											
Signature of			P	For Branch Use							
Primary Applicant#	Source Code	Campaign Code	Promo Code	Branch SOL ID	Employee Code (EC No.)	Branch Head EC No.					
X	L				<u> </u>						
Date Place BOB Financial BOB Financial BOB Financial BOB Financial BOB Financial 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											