

APPLICATION FOR CREDIT CARD

AFFLICATION FOR CREDIT CARD							
I wish to apply for Gold Classic Credit Card							
INSTRUCTIONS TO FILL UP THE APPLICATION FORM							
1 Fill all column 2. Proof of annua 3. Please sign in t 4. Terms and cond the website ww	Please paste your recent passport size color photograph here						
Please sign l	nere in black	c ink →					
PERSONAL INFORMATION							
Name: Mr./Mrs./Ms./Dr./Prof.							
Name to be embossed on card (max of 20 characters)							
Date of birth: Sex: M F Nationality							
Legal Status: Resident NRI PIO Marital Status: Single Married No. of Dependents:							
PAN No Place of Issue Passport No Place of Issue							
Voter's ID Driving License No. Driving License No. Place of Issue							
Your Vehicle: 2-wheeler 4-wheeler None Vehicle Make							
Mother's Maiden Name: .							
RESIDENCE							
Current Residential Address:							
City State							
Pin Tel no.(with STD code) Mobile no Land Mark Land Mark							
Permanent Residential Address:							
City/State Pin Pin							
Tel no.(with STD code) Mobile no Mobile no							
Personal Email ID Land Mark Land Mark							
Current residence is	Living with:	EMPLOYMENT DETAILS Occupation:	If Salaried,	Industry d	letails :		
Owned	Parents		employed with:		n/Hospitality IT/Telecom		
	Spouse	Whether Confirmed	☐ PSU/Govt		g/Finance Travel/Tourism		
☐ Family Owned	Children	□Yes □ No	☐ Public ltd		gg Entertainment/Media		
Rented	Alone	Professional / Self-	☐ Private ltd		tate/Construction		
Company	Others	Employed Details:	☐ Partnership				
leased Period of stay:		☐ Retired ☐ Student	Proprietorship		(please specify)		
Months		Housewife					

Company/Employer Name:							
Employee (Applicant's) Designation Emp. No./ID / SR No							
Office Address:							
City/State Pin Official Email ID							
Tel no. (with STD code) Fax Mobile							
FINANCIAL INFORMATION							
Gross Annual Income (Rs):							
Account Type: Savings Current Account No. Branch:							
Additional Annual Income, if any (Rs):	Account held for: months and Source:						
DETAILS OF CREDIT CARDS HELD							
SNO ISSUING BANK/INSTITUTIONS	CARD NO CREDIT LIMIT (RS)						
1							
2. DOCUMENTES	ATTACHED						
DOCUMENTS ATTACHED							
Copies of:							
PAN Card*** Age Proof	Passport Driving License Voter's ID						
BILLING INSTRUCTIONS							
Mail my billing statements to Current Residential Address Official Address							
Do you want automatic debit on your Indian Bank A/c? (for Indian Bank Customers only)							
If yes, A/c type: Savings Current Branch: Account No.							
Amount to be debited: Full amount due Minimum amount due ECS Debit*							
* A copy of the cheque leaf / cancelled cheque leaf issued by the existing bank to be enclosed. DECLARATION							
Assignment clause for insurance cover: I,							
insured)and I further declare that his/her receipt shall be sufficient discharge to the Company. I hereby declare that I has personally read and understood the terms and conditions governing the issue and usage of							
the credit card. I verify that the contents stated in the above application are true to the best of my knowledge. I							
hereby authorize the Bank and/or its associates to verify any information provided in this application form at any given time. I also confirm that I shall promptly inform the Bank of any change in the information mentioned above.							
The Bank may further use the said information for marketing, administrative and for other value addition purposes.							
I agree that the Card will be issued to me upon the prevailing Terms and Conditions (which are subject to change from time to time) of the Card Member Agreement. I, as the applicant of the Primary Card, shall be liable for all							
charges incurred on the Primary Card and all Additional Cards on my account. For any enhancement of credit limit,							
I shall undertake to specifically apply for banks consideration.							
Place Date: Signate	are of Applicant						
RECOMMENDATION BY BRANCH: IBGA CODE: 3. Value of connections:							
1. KYC requirements have been fulfilled. 2. Recommended for issue Customer Identification No.CIF:							
	Branch Manager's signature						
Branch : Date:	Name Specimen signature No.						