बैंक ऑफ़ इंडिया
पथ प्रदर्शक सितारा
Bank of India
The Guiding Star

Principal Card No. | 1st Add-on Card No. | 2nd Add-on Card No. | Type | Branch Code

Application Form

PERSONAL CARD / CORPORATE CARD To be filled in by the principal applicant

Application for India Card / Taj Premium Card / Gold Card / Gold International Card

For priority processing of your application, please complete all sections of your application in BLOCK LETTERS wherever appropriate and write N.A. if not applicable

I. PERSONAL PARTICULARS

First Name | Middle Name | Last Name

Full name Mr. / Mrs. / Miss

Name on the card should be (plese leave one blank space between each name)

S/o, W/o, D/o

Mother's First Name

(This information shall be needed to verify your identity when you require card services on telephone.

Principal Card

Sex : ❑ Male ❑ Female

Date of Birth : D D M M Y Y Y Y

Marital Status : ❑ Married ❑ Single

No. of dependants

Educational Qualifications :
❑ Professional ❑ Graduate
❑ Diploma ❑ Under Graduate

Nationality : ❑ Resident Indian ❑ Non Resident Indian ❑ Foreign national
If foreign national, nationality (compulsory) :
Passport No. : Date of Issue : D D M M Y Y Y Y
Place of Issue : Date of Expiry D D M M Y Y Y Y

Your present residential address (Please mention a landmark near your residence)

City PIN

Tel.No. (With STD code)

Mobile No. Landmark

E-mail :

You have lived in this address for the past _____ years _____ months

Your present residence is : ❑ Self Owned ❑ Company provided ❑ Rented ❑ Parent Owned ❑ Others

Send the bill to : ❑ Office ❑ Residence

Enclose
❑ Res. Phone Bill
❑ Electricity Bill
❑ House Tax Receipt
Others specify _____

Permanent Residential address (please use BLOCK LETTERS only)

City PIN

Tel.No. (With STD code)

Vehicle : ❑ Four-wheeler (owned) ❑ Four-wheeler (Company provided) ❑ Two-wheeler ❑ None
Vehicle Make : Regn. No. Driving Licence No.

Please give us the name of a relative/friend in your city as reference who does not stay with you

Tel. no.

II. OCCUPATION PARTICULARS

Your present office address (Please use BLOCK LETTERS only)

City PIN

Tel.No. (With STD code) Ext.

Fax E-mail :

Designation : Department :

No. of years in current employment : Type of Industry/Business :

Your previous employment details :
Company Name
City
No. of years at previous job.

You are ❑ Salaried ❑ Self-employed ❑ Retired
If salaried, you work in ❑ Govt./Public Sector ❑ Multinational ❑ Public Ltd. Co. ❑ Pvt. Ltd. Co. ❑ Others
If self-employed, your profession is
❑ CA ❑ Engineer ❑ Architech ❑ Lawyer ❑ Business
❑ Doctor ❑ Teacher ❑ Consultant ❑ Journalist ❑ Others
If self-employed, please mention annual turnover : Rs. in '000 _____
Ownership stake : ❑ Solely owned ❑ owning 50% or more ❑ Partly owned but less that 50% stake
Capital Investment : No. of employees : No. of years in Business :

III. BANK REFERENCE

Bank Name :
Branch :
A/c No.
If BOI Customer : Deposit held Rs. ..... Credit limit enjoyed Rs. .....
Nature of a/c : ❑ Saving account ❑ Current account ❑ Others. Number of years account held for :
Payment Option : ❑ 100% of bill amt ❑ 10% or min. Pmt. Dul.

Address : if other than BOI

Please recover from my above a/c with BOI ❑ I will pay directly by Cheque / draft.

IV. FINANCIAL PARTICULARS (Rs in 000's)

PAN No :
Gross Annual income : Rs.
Spouse name :
Spouse employment details :
Company :
Spouse gross annual income Rs.

V. EXISTING CREDIT CARD DETAILS

	Credit Card number	Expiry date
1		D D M M Y Y Y Y
2		D D M M Y Y Y Y

VI. DETAILS OF PROPERTIES OWNED

House (with loan) ❑ House (Without loan) ❑ Land
Approximate value in Rs.

VII. (A) FOR ADD-ON CARD

You would like to have an ADD ON Card for your

❑ **Spouse** ❑ **Father** ❑ **Mother** ❑ **Son** ❑ **Daughter** ❑ **Brother** ❑ **Sister**

Nationality : ❑ Resident Indian ❑ Non Resident Indian ❑ Foreign National

Full name :

ADD ON Card applicants name as you would like to appear on the card

Date of Birth : D D M M Y Y Y Y **Sex :** ❑ Male ❑ Female

Spending Limit
❑ No separate sub-limit for this add-on card which will operate within overall spending limits sanctioned to me.
❑ Separate sub-limit of Rs. _____ for this add-on card.

VII. (B) FOR ADD-ON CARD

You would like to have an ADD ON Card for your

❑ **Spouse** ❑ **Father** ❑ **Mother** ❑ **Son** ❑ **Daughter** ❑ **Brother** ❑ **Sister**

Nationality : ❑ Resident Indian ❑ Non Resident Indian ❑ Foreign National

Full name :

ADD ON Card applicants name as you would like to appear on the card

Date of Birth : D D M M Y Y Y Y **Sex :** ❑ Male ❑ Female

Spending Limit
❑ No separate sub-limit for this add-on card which will operate within overall spending limits sanctioned to me.
❑ Separate sub-limit of Rs. _____ for this add-on card.

VIII. FOR CORPORATE / FIRM ACCOUNT CARD (To be filled in only case of corporate card)

Name of the Company _____

Financial particulars (All amounts in thousands) as on _____ Paid up capital Rs. _____ Net worth Rs. _____

Working results, for last three years:

1. Year _____ P/L _____ 2. Year _____ P/L _____ 3. Year _____ P/L _____

(Please attach Balance Sheet copies for last two years)

Please issue the above Card on the company account to the executive/official whose particulars are given in this form. We shall be jointly and serverally liable for all dues in respect of the card issued for all utilisations, renewals and other charges. We have complied with the formalities to obtain the Card. We hereby declare that the information given in this application is true and correct. We confirm we have read the Terms and Conditions applicable to this card and accept these terms and conditions unconditionally. We also confirm that in the event, the bank has to issue a replacement card, we shall be bound by the terms & conditions mentioned herein & shall be bound for the payment due in the original/renewal/replacement card.

Signature of Applicant _____ Date : _____ Signature of the Authorised Official with Company's Seal _____

IX. PERSONAL ACCIDENT INSURANCE NOMINATION

Name of the nominee ..... Relationship ..... Age ..... Address .....

..... I hereby nominate the above person to receive the claim amount by the Insurance Company in the event of my accidental death, after adjustment of dues, if any payable to Bank of India the credit card issuing Bank. I further declare and agree that the nominee receipt shall be sufficient discharge to the Bank/Company.

If the nominee is minor, name and address of the Guardian _____.

The fee will be charged in your first statement and must be paid by payment due date to avoid lapse of Insurance Policy.

PLEASE NOTE : • PLEASE ATTACH RELEVANT INCOME RELATED DOCUMENTS • DO NOT SEND ANY MONEY/CHEQUE WITH YOUR APPLICATION. YOUR CARD FEES WILL BE CHARGED TO YOUR CARD ACCOUNT • THE BANK RESERVES THE RIGHT TO PROVIDE THE APPLICANT WITH A CARD BASED ON INFORMATION AVAILABLE TO THE BANK AND THE BANK'S ASSESSMENT OF CREDIT RATING • THIS APPLICATION FORM DOES NOT CONSTITUTE AN OFFER FOR THE CARD BUT IS ONLY AN INVITATION. THE BANK RESERVES THE RIGHT TO REJECT THIS APPLICATION WITHOUT PROVIDING ANY REASON.

Declaration

"I/We hereby apply for issue of a Credit Card. I/We confirm that the information contained in this application is true and correct. I/We authorise Bank Of India to verify any information contained in this application from any source whatsoever at their sole discretion and also to exchange/share, part with all information relating to my/our Credit Card (including Add-on Cards) details and payment history to other banks, financial institutions, Credit Card companies, Credit bureaus / agencies, Statutory authorities, Govt. departments, and other agencies as may be required and shall not hold Bank of India liable for use and/or parting with this information.

I/We have read the Terms and Conditions applicable to Credit Card printed overleaf and accept the same. I/We agree to be bound by the Credit Card Terms and Conditions as may be in force from time to time. It is my/our responsibility to obtain the Credit Card Terms and Conditions and I/We am/are estopped to claim otherwise. I/We further agree that the Bank may use my/our name and address for marketing/merchandising offers between Bank Of India and other Companies/institutions.

I/We accept that Bank Of India reserves the right to reject this application without assigning any reason.

I/We undertake to pay the Bank all dues for usage of this Card/Add-on Cards.

I/We as the applicant of the Principal Card shall be liable for all charges incurred on the principal Card and all additional Cards on my/our account. The add-on Card member shall be jointly and severally liable for all charges including fee of any nature incurred on this additional Card issued to him/her.

Date _____ Signature of Applicant _____

Place : _____

Date _____

Please affix photo. Not with stapler pins or Gem-clips		Please affix photo. Not with stapler pins or Gem-clips		Please affix photo. Not with stapler pins or Gem-clips	
Applicant	Signature of the applicant (In Black Ink)	1st Add on Applicant	Signature of the 1st Add on applicant (In Black Ink)	2nd Add on Applicant	Signature of the 2nd Add on applicant (In Black Ink)

FOR BRANCH USE

❑ Sanctioned issue of India Card / Taj Premium Card / Gold Card / Gold International Card with an over all Credit limit of

Rs. ..... (Rs. .....)

to Mr./Ms. ..... with 1 / 2 add on card(s)

to Mr./Ms. ..... and

to Mr./Ms. .....

❑ Special Remarks .....

If staff, the employee No. ..... Date of Joining .....

Present Designation ..... Branch / Office .....

We certify that (i) No disciplinary action is pending / initiated / contemplated (ii) No instance of return of cheques for financial reasons exists.

Signature of the Branch Officer with seal .....

Name : .....

Signature Code Number ..... Branch ..... Date .....

FOR CARD CENTRE USE

Inward No. _____ Date : _____

❑ Issue India Card / Taj Premium Card / Gold Card / Gold International Card with an over all credit limit of

Rs. ..... (Rs. .....)

with 1 / 2 add on card(s)

Date : Authorised Signatory

FOR CARD CENTRE USE

Card No. | | | | | | | | | | | | | | | |

Issued on ..... Valid up to .....

Add on card No. | | | | | | | | | | | | | | | |

Issued on ..... Valid up to .....

Add on card No. | | | | | | | | | | | | | | | |

Issued on ..... Valid up to .....