



Indian Bank

APPLICATION FOR CREDIT CARD

<p>I wish to apply for <input type="checkbox"/> Gold <input type="checkbox"/> Classic Credit Card</p>		<p><u>Please paste your recent passport size color photograph here</u></p>
<p><u>INSTRUCTIONS TO FILL UP THE APPLICATION FORM</u></p> <p>1. Fill all columns with requisite details in CAPITAL LETTERS.</p> <p>2. Proof of annual income and PAN Card copy is mandatory.</p> <p>3. Please sign in full in the space provided and on the 2nd page of the application form.</p> <p>4. Terms and conditions and card member agreement are available at Indian bank Branches and on the website www.indianbank.co.in which may be referred before applying for the card.</p>		
<p>Please sign here in black ink →</p>		

PERSONAL INFORMATION

Name: Mr./Mrs./Ms./Dr./Prof.

First NameMiddle NameLast name

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 **Passport No** **Place of Issue**

Voter's ID **Driving License No.** **Place of Issue**.....

Your Vehicle: ☐ 2-wheeler ☐ 4-wheeler ☐ None **Vehicle Make** **Regn No**

Mother's Maiden Name: .

RESIDENCE

Current Residential Address:		<input type="text"/>																					
<input type="text"/>		City										State					<input type="text"/>						
Pin	<input type="text"/>	Tel no.(with STD code)	<input type="text"/>										Mobile no	<input type="text"/>									
Personal Email ID										Land Mark													

Permanent Residential Address:		<input type="text"/>																			
<input type="text"/>		City/State										Pin					<input type="text"/>				
Tel no.(with STD code)	<input type="text"/>										Mobile no	<input type="text"/>									
Personal Email ID										Land Mark											

Current residence is <input type="checkbox"/> Owned <input type="checkbox"/> Family Owned <input type="checkbox"/> Rented <input type="checkbox"/> Company leased Period of stay: Months	Living with: <input type="checkbox"/> Parents <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Alone <input type="checkbox"/> Others	EMPLOYMENT DETAILS		
		Occupation: <input type="checkbox"/> Salaried Whether Confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Professional / Self-Employed Details : <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife	If Salaried, employed with: <input type="checkbox"/> PSU/Govt <input type="checkbox"/> Public ltd <input type="checkbox"/> Private ltd <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship	Industry details : <input type="checkbox"/> Aviation/Hospitality <input type="checkbox"/> IT/Telecom <input type="checkbox"/> Banking/Finance <input type="checkbox"/> Travel/Tourism <input type="checkbox"/> Mfg/Engg <input type="checkbox"/> Entertainment/Media <input type="checkbox"/> Real Estate/Construction <input type="checkbox"/> Others (please specify)

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):

Name of your Banker:

Account Type: Savings Current Account No..... Branch:.....

Account held for: months

Additional Annual Income , if any (Rs): and Source:.....

DETAILS OF CREDIT CARDS HELD

SNO	ISSUING BANK/INSTITUTIONS	CARD NO	CREDIT LIMIT (RS)
1		
2.		

DOCUMENTS ATTACHED

Copies of: ☐ Statement of Accounts for last 3 months (other than Indian Bank) ☐ IT Proof/Latest Pay Slip

☐ 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) ☐ Yes ☐ No

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,do hereby assign the money payable in the event of my death by the United India Insurance Co. Ltd., to (Name).....(relation to the 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:_____ Signature of Applicant

RECOMMENDATION BY BRANCH : IBGA CODE :

1. KYC requirements have been fulfilled. 2. Recommended for issue of Credit Card

3. Value of connections:

Customer Identification No.CIF:

Branch : _____ Date:_____

Branch Manager’s signature

Name

Specimen signature No.