

## **Indian Overseas Bank**

**Credit Card Division** 

763, Anna Salai, Chennai 600 002. Phone: 91-44-2851 9574

## **APPLICATION FOR IOB VISA CREDIT CARD**

Application to be completed in full. **USE BLOCK LETTERS** 

## **CONFIDENTIAL**

Application No.

Please affix Colour Photo Passport Size Please do not

								Serial No			Please do not	
I am a Resident / Non Resident India						Br. Code	o.	Sign.				
PERSONAL PARTICULARS  Name in Full Surname First Name Middle Name												
Name in Full	Surname		FIRST Nar	ne	Middle Name	A/c No.						
Mr. / Ms.	hand Nama					Description of property	l v	'alue	Description	of other	Value	
Father's / Hus						and Address			Income/Inve		1 2000	
Mother's Maide		// 6 \ 6	DEDIT CAI	DD /Not to	exceed 19 letter							
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Tricidaning Space	o. I lease leave		x space be	TWCCII CO								
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-				-	y, towards printin	g	BANKING DETAILS					
	debited to the a				☐ Yes ☐ No	CA/SB/Other A/cs (spec	cify) /	Account I	No. Br	anch	Bank	
Date of Sex Marital			Professional No. of Qualification dependant/s									
Birth DD MM Y	Status				dependant/s	Deposit No.		Amoun	it Br	anch	Bank	
IVIIVI Y		<sup>EU</sup> I∏G	raduate 🗌 P									
	F Singl	e Ho		rorossionar								
OFFICE/BUSIN	NESS ADDRESS		RESIDEN	ΓΙΔΙ ΔDDF	RESS	Particulars of Loan, if any, type/	/No.	Amoun	it Outs	tanding	Bank/Branch	
J							DECLARATION					
	ne				Pin	I have read / understood and hereby agree to be bound by the Terms and Conditions						
	9 —	Yrs				governing IOB VISA CREDIT CARD 2006 (as furnished separately). The particulars furnished above are true to the best of my knowledge and belief and I agree to inform						
Confirmed [	Yes No				Yrs	the Bank, changes if any, as & when they occur. I agree to pay the membership /						
Postal Address	3		relephone	NO		Annual fee & other charges which will be fixed by the Bank, from time to time. I agree						
						to settle all dues arising under IOB VISA CREDIT CARD that may be issued in my name and Add-On-IOB VISA CREDIT CARD that may be issued in the name(s) of my family						
City	Pin						members in accordance with the Terms and conditions as existing and as amended					
State			IT PAN			from time to time. I hereb	from time to time. I hereby authorize you to contact my employer / Bankers as and					
Telephone			Voter ID No	0		when you feel the need to do so in connection with this application / my transactions						
•			Residence	e is own /	Company Lease	under IOB VISA CREDIT CARD. I have neither applied for nor obtained IOB VISA CREDIT CARD so far. The use of card will be deemed to be acceptance of the terms and						
			rent Owned	conditions. I also hereby authorise you to inform / get the details of my transactions								
Fax. No			Living with	1 Parents	☐Yes ☐ No	including default of payment that may occur to / from any of the Credit Card issuers,						
Earlier Emplo	yment Details,	if any	If residence	ce is own,		other Banks, Financial Institutions, Credit Information Bureau of India Ltd. (CIBIL) and						
Name of the E	residing sir	nce	Yrs	any other organisation as the Bank may deem fit without obtaining any further oral or written consent from me.								
Duration of Sen	vice	Yrs.	How old is	your hous	seYrs							
		If under k										
Do you ow		amoun		Licence	Passport No.	Place :						
Do you ow	it ittogii. ito.	loan		No.	i doopoit ivo.	Date :		;	Signature of	Main Card	d Holder (Applicant)	
Car						ASSIGNMENT/N	MOMIN	IATION F	OR CARD I	IOLDER I	NSURANCE	
Two Wheeler					Valid upto	- 			(Na	me of the	Applicant) do hereby	
House					Issued at	assign the money payable			,			
Others	EMDI	OVAC	NEDETAIL	0			•					
			NT DETAIL		. 🖂 –	accidental death to			,			
Salaried	_				ed 🗌 Firm							
Govt. Sector		uring	☐ C.A.		Proprietor	and address of the guar	rdian					
☐ Public Sector			∐ Doc		Partnersh							
Private Sect			=	sultant	Others	I hereby authorise the Bar		•				
☐ Sub-categor	ТУ		∐ Adv			the insurance claims sett sufficient proof of discharg					ee's receipt shall be	
☐ IT Sector			☐ Eng			2 2	, , 0	1				
			Oth	ers								
If Staff of India	I KOII NO	- 1	Date of	Dosiana	Present tion Branch/Dep	t		Signat	ture of Witne	ess		
Overseas Ban	IK		Joining	Designa	LIOII BIAIICI/Dep	1.		Addre	ss of Witne	ss		
						(Signature of Applica	ant)	Date t	his	day of	20 at	

	OTHER CREDIT	CARD DETA	ILS	ASSIGNMENT / NOMINATION FOR SPOUSE INSURANCE						
Card No.	Issued by(bank name)	Year of Issue	Expiry Month, Year	Limit	I	(Name of the Applicant) do hereby				
					assign the money payable by Unite	ed India Insurance Company Ltd. in the event of my				
					accidental death to					
••••••					minor, name and address of the guardian					
	ADD ON CAF		<u> </u>		·					
1.Name of the Add o  Date of Birth  Relationship To A	ed Yes No in Applicant Applicant Spouse nk, Roll No	If yes, parti	culars of Add or upation	I hereby declare that the nominee's receipt shall be sufficient proof of discharge to United India Insurance Co. Ltd. Bank reserves the right to adjust the monies settled towards IOB VISA CREDIT CARD dues,if any, from applicant/card holder.    Name of Witness   Na						
	on Applicant			(Signature of Spouse)						
Date of Birth			upation	Signature of Witness						
Relationship To A	Applicant Spouse			Attested by Address of Witness						
	to issue the above A for the use of card/s a			(Signature of Applicant)	Date this day of20 at					
Signature of the Add	on Card Holders				BRANC	CH RECOMMENDATION				
1				(Tick appropriate box and furnish the relevant information)						
2	5	Signature of N	Main Card Holder	(Applicant)	I have verified the details furnished in the application as per KYC norms.					
SETTLEMENT DETAILS  I shall settle my IOB VISA Credit Card bills  by debit to my SB/CA/CC/NRE/NRO A/c.					☐ The applicant is a customer of our Bank for the past					
	_	-			dealing with us have been satisfactory.					
with	. branch of I.O.B. in the	ne name of			☐ VIP ☐ OTHERS					
maintained since	yrs.				☐ The applicant is not a customer of our Bank, but is known to us for the					
hereby authorise you	u to debit the above m	entioned acc	ount as and wher	IOB VISA	past years.  The applicant is good for Rs (specify net worth)and					
CREDIT CARD bills ar		Fo	or BR.	Code No.	has deposit of Rs with us (specify encumbered					
Office Res	ls may be addressed t idence	Of	fice Use		/ Unencumbered).					
Payment Due Date Op	otion 10th of Mo	nth	Last day of M	lonth	☐ We recommend issue of IOB VISA CREDIT CARD as requested for with an overall ceiling limit of Rs					
Option of Payment	Debit to my account	above mention	oned 🔲 Payment	t by Cheque	Add-on IOB VISA CREDIT CARD as requested for may be issued / may not be issued.					
	FINANCIAL PA			☐ Additional information, if any :						
Annual	,	Annual	(R	s.)						
1. Gross Salary	4				Signature of Branch Manager in-charge					
	ne		,		Name :					
3. Other Income			•		S.S. No. :					
					Name of Branch :					
Total (1+2+3) A		Total (4+5+6	6) B		Date: Br. Code No.:					
Net Income (A-B)					ORDERS OF CM/AGM/DGM/GM (IN CASE OF EXCEPTIONS)					
	e (Proforma Enclosed)	Proof of		Decline / Issue IOB VISA CREDIT CARD with / without Add on facility with overall ceiling limit of Rs.						
Proof of Busine			Income from Pro							
☐ IT/WTAO			er Document (Ple	ease specify)	Date :	Chief Manager / AGM / DGM / GM				
(To be filled in by 0	Credit Card Division	<b>ı)</b> Card No.			Issued on	Valid upto				
Main Card										
Add on Card										
Add on Card										