

APPLICATION FORM

IMPORTANT INSTRUCTIONS #

Form No. **B0**

Please fill in the form in BLOCK LETTER and attach all relevant documents. Please complete all sections. Tick in boxes as applicable.

PHOTO

FOR OFFICIAL USE ONLY

Br. Emp. Name: _____ Br. Emp. Mobile: _____ BRE Code: _____
 GM Name: _____ GM PF. No: _____ Controller Name: _____ Controller PF. No: _____
 BM Name: _____ BM PF No: _____
 Bank Employee PF Index No. _____ Branch Code _____ Card Type _____ Promo Code _____ CSM Code _____

- I want to apply for (please tick only one)
- | | | | |
|---|---|--|--|
| <input type="checkbox"/> SBI Advantage Gold Card | <input type="checkbox"/> SBI Gold Card | <input type="checkbox"/> SBI NRI Platinum Card | <input type="checkbox"/> SBI Defense Gold Card |
| <input type="checkbox"/> SBI Advantage Gold & More Card | <input type="checkbox"/> SBI Gold & More Card | <input type="checkbox"/> SBI Employee Card | <input type="checkbox"/> SBI Defense Platinum Card |
| <input type="checkbox"/> SBI Advantage Platinum Card | <input type="checkbox"/> SBI Platinum Card | | |

I. MY PERSONAL DETAILS

My Name Mr. _____ Ms. _____
 First Name _____ Middle Name _____ Surname _____
 Name as you would like it on the card (Max. 19 letters) _____
 Date of Birth Gender Male Female Marital Status Married Single
 Education 10 or below 10+2 or below Graduate Post Graduate & above No. of Dependents _____ PAN No. _____
 Mother's First Name _____ Father's Name _____
 Current Residential Address _____
 City _____ Pin Code _____ Land Mark _____
 No. of years completed at Current Residence Telephone _____ STD Code _____
 Mobile _____ Second Phone/Fax _____ STD Code _____
 Permanent Residential Address _____
 City _____ Pin Code _____ Telephone _____ STD Code _____
 My Residence is Owned Rented Alone Rented with family Rented with friends Hostel Paying Guest Co Provided
 My Vehicle Car Two Wheeler Both None
 ID Proof Voter ID Passport Driving Licence No. PAN Card (Please tick any one of the above.)
 ID Proof No. _____

II. MY EMPLOYMENT DETAILS

I am Salaried Self-Employed Retired/Pensioner
 My Designation _____ My Department _____
 Employee ID _____ Total Income p.a. (in Rs.) _____
 My Industry / Business IT Banking & Finance Government Service Consulting Telecom BPO/KPO Others (Please specify) _____
 No. of years completed at: Current employment/business Previous employment/business
 Name of my company / firm _____
 Office Address _____
 City _____ Pin Code _____ Telephone _____ STD Code _____ Extn. _____
 Second Phone/Fax _____ STD Code _____ Extn. _____
 E-mail ID _____
 I would like my SBI Card Billing Statement to be mailed to my Residence Office E-mail ID (Please tick only one)



FAMILY HEALTH FLOATER - ENROLLMENT FORM

Details	Name	Date of Birth (DD/MM/YYYY)	Relation	Gender M/F	Any existing illness	Suffering Since (MM/YYYY)
Adult 1						
Adult 2						
Child 1						
Child 2						

I authorise you to charge my SBI Card with the premium applicable as per my family size, plan and period of insurance opted plus processing fee (as indicated as overleaf).
 Declaration: I declare that persons proposed are my family members and that they are not engaged in high-risk occupations. I also declare that none of them suffer from any pre-existing conditions and that I have given explicit information of such instances of diseases and understand that such pre-existing conditions will not be covered under the policy. All information given in this form on behalf of family members and myself is correct and true to the best of my knowledge and belief. I consent to the insurers to seek information from any hospital. This proposal shall form the basis of the contract of insurance. I agree that the insurance benefit available to me as a cardmember shall become voidable by Royal Sundaram Alliance Insurance Company Limited in the event of any untrue or incorrect statement or misrepresentation or non-disclosure of any particulars in this form or in the event of withholding any material information to obtain the insurance benefit. I also agree to provide photographs of all persons enrolled in the prescribed form. I hereby agree to enroll myself and/or my dependants to SBI Card Family Health Floater. I authorize M/s Medicare TPA Services Ltd. to process claim and receive reimbursement proceeds from Royal Sundaram Alliance Insurance Company Limited. I authorize Royal Sundaram to debit my SBI credit card towards payment of premium for Family Health Floater Plan. I understand that the policy would be issued to me subject to the approval of my application for SBI Card.
 Please tick if you want the Flexipay facility on the premium amount.
 ("Flexipay, the convenient, affordable and easy-to-pay monthly instalment plan. At a low rate of interest.")
 Renewal Facility: (Please tick this if you want to opt for hassle free renewal year after year)
 Yes, if my proposal is accepted by Royal Sundaram, I would like the policy to be renewed every time it is due for renewal provided, I am eligible for the same and my SBI card is valid.

Proposer can consider undermentioned relationship for declaring as Adult: Self, Spouse, Father, Mother
 Occupation _____ Nominee Name _____ Relationship _____

Signature of Primary Card Applicant

Please sign here only if you are opting for Family Health Floater

III. MY BANKING RELATIONSHIP

Name of my Bank

Type of A/c Savings A/c Current A/c Fixed Deposit A/c PPF A/c

Account No. Year of opening A/c (Approx.) No. of credit cards owned

Credit Card #1 : Card No.

Credit Card #2 : Card No.

IV. Please fill this section only if you are applying for the SBI Platinum Card

I am currently a member of the Kingfisher King Club program Yes No If Yes My King Club membership number is

I am agreeable to sharing the information provided in this application form for my membership to the King Club programme. I further acknowledge that any such information shared with Kingfisher Airlines Limited shall be used in accordance with the Terms and Conditions of the King Club Programme

V. ADDITIONAL SBI CARD REQUEST (OPTIONAL)

Please issue the additional card to my following family member.

Relationship with me Spouse Parent Son/Daughter (above 18 years) Brother/Sister (above 18 years)

Name as I would like it on the card (max. 19 letters)

Date of Birth Gender Male Female

PLEASE SIGN HERE
Signature of Primary Card Applicant

VI. SUBSCRIPTION FOR STATEMENT BY E-MAIL (Mandatory for SBI NRI Platinum Card Applicant)

E-mail ID: (Personal E-mail ID only)

I understand that under the SBI NRI Platinum Card, monthly billing statements and all other important communication would be sent to me only on the E-Mail ID as given above. I understand that, in the event of any change in the given E-Mail ID, I need to inform SBI Card with any such change immediately to avoid any kind of information loss. I understand that the responsibility to intimate any change in E-Mail ID solely lies with me. I agree to abide by the terms and condition of SBI card in this regard.

PLEASE SIGN HERE
Signature of Primary Card Applicant

VII. THE ECS

I, hereby declare that I would like to avail Electronic Clearance System ("ECS") facility towards payments of my SBI Credit Card dues. Accordingly I authorize such ECS debit in the mode and manner indicated below.

Total amount due as per statement Minimum amount due as per statement Any other fixed amount Rs. only from my SBI Account No.

I also undertake that I shall subsequently not raise and objection, demur, protest and demand against SBICPSL for acting upon and carrying out my ECS debit in accordance to my aforesaid instructions, undertaking and declaration.

PLEASE SIGN HERE
Signature of Primary Card Applicant

VIII. CUSTOMER DECLARATION (IMPORTANT : PLEASE READ BEFORE SIGNING)

I am agreeable to: Receiving marketing related communications from SBI Cards.

I hereby confirm and declare that:

I have read and understood the contents of this SBI Credit Card application form and the attached Most Important Document and, hereby apply to SBI Cards and Payment Services Pvt. Limited ("SBICPSL") for the issuance of Primary / Additional credit card ("Card").

I confirm that I have received the MITC (Most Important Terms & Conditions) along with the application form and have read all the details in it. I am aware that the MITC is available for reference in the SBI Card website www.sbicard.com.

I understand, agree and concur that all the documents filled, consented and signed by me are to be read concurrently and that all these documents signed in parts taken together constitute one application form for a SBI credit card in accordance with all the specific terms contained therein.

Place Date

PLEASE SIGN HERE
Signature of Primary Card Applicant

IX. INSURE YOUR SELF AND YOUR CARD PAYMENTS (OPTIONAL)

SBI Card Protection Plus Insurance Scheme : (To avail the benefits of Protection Plus Insurance Scheme all you need to do is sign below; and nominate a beneficiary)

Yes, I would like to take advantage of Protection Plus Insurance Scheme to protect my card payments and myself. I certify that I am between 18 and 64 years of age. I further declare that I am in good health, do not have any bodily defect or deformity and am not suffering from any serious illness. I do hereby agree that the above declaration shall be the basis of my admission to SBI Card Protection Plus Insurance Scheme and if found untrue or is misleading or any material information is withheld herefrom, no claim under this insurance coverage will be payable by SBI Life and RSA/SBI Cards to the extent this declaration is applicable to them. I authorize you to debit my card account with the relevant monthly charges* as under until further notice. I also understand that I can withdraw from the Scheme by giving a written notice. I authorize SBICPSL to disclose, from time to time, any information relating to my/our card(s) as SBICPSL may deem fit and proper to SBI Life and RSA for the purpose of issuance and administration of the Protection Plus Insurance policy.

Monthly Charges: Personal Accident premium Rs. 24/-; Suraksha Plus premium: 0.1% of total outstanding (inclusive of service tax); and Admin. Charge Rs. 20/-*

← Please Sign here only if you are opting for Protection Plus Insurance Scheme.

*Service Tax extra, as applicable.

Place

Signature of Primary Card Applicant

PLEASE SIGN HERE
Signature of Primary Card Applicant

SBICPSL is the composite agent for Royal Sundaram Alliance Insurance Co. Ltd. and SBI Life Insurance Co. Ltd. Vide Corp. Agency License No. 2105154.

X. NOMINATE A BENEFICIARY TO YOUR INSURANCE BENEFITS

I, do hereby assign the monies payable for the Insurance under Protection Plus Insurance Scheme and the Free Personal Accident Policy* by the respective insurers to , my (relationship)

I further declare that his / her receipt shall be sufficient discharge to the Insurance Company.

Witness Name

*Free Personal Accident Policy is applicable only on Spicejet, Go Air and IRCTC Cards.

PLEASE SIGN HERE
Signature of Primary Card Applicant

XI. CARD PROTECTION PLAN (CPP) : Enrollment Form (CPP is offered by CPP ASSISTANCE SERVICES (P) LTD.)

• One free call to block all your cards
• Fraud Protection*
• 24 - Hours Helpline
• Lost PAN card replacement

	1 Year Single**			1 Year Joint***		
Classic	<input type="checkbox"/> Rs. 1,145	<input type="checkbox"/> Rs. 1,745	<input type="checkbox"/> Rs. 1,745			
Premium	<input type="checkbox"/> Rs. 1,495	<input type="checkbox"/> Rs. 2,245	<input type="checkbox"/> Rs. 2,245			
Platinum	<input type="checkbox"/> Rs. 1,745	<input type="checkbox"/> Rs. 2,645	<input type="checkbox"/> Rs. 2,645			

Joint Applicant's Name

Terms & Conditions: Yes, I would like to take advantage of Card Protection Plan to protect my cards and the joint applicant's cards (if any). I authorize SBICPSL to please charge the amount indicated to my SBICPSL account and subsequent payments when due at the prevailing rate until cancelled by me in writing. I authorize SBICPSL to disclose, any information relating to my / our card (s) as SBICPSL may deem fit and proper to CPP for the purpose of issuance and administration of the Card Protection Plan membership. I hereby understand and agree that it is my responsibility to obtain, read and understand the terms and conditions related to the Card Protection Plan.

* The insurance part of the fraud protection cover under the product is underwritten by Royal Sundaram Alliance Insurance Co. Ltd. ** Charge applicable when plan opted for a single customer. *** Charge applicable when plan opted for cards of family members. The Card Protection Plan product and services has been designed and is being provided by CPP Assistance Services (P) Ltd without reference to SBICPSL. SBICPSL is only a service provider of CPP and accordingly does not accept any responsibility or liability pertaining to the CPP product.

PLEASE SIGN HERE
Signature of Primary Card Applicant
(Please sign here only if you are opting for Card Protection Plan)

XII. FOR SBI & GROUP COMPANIES (ASSOCIATES & SUBSIDIARIES) EMPLOYEES

PF Index No.

Employees details verified Name Signature No.

Branch/Office Code Date

PLEASE SIGN HERE
Authorised Signatory

Premium Chart for One Year (Inclusive of 10.3% Service Tax*). Please tick your preference.

Plan Details	1 Adult			2 Adults		2 Adults + 1 Child		2 Adults + 2 Children	
	1 Lac	2 Lac	3 Lac	2 Lac	3 Lac	2 Lac	3 Lac	2 Lac	3 Lac
Up to 35 yrs	<input type="checkbox"/> 1,597	<input type="checkbox"/> 2,087	<input type="checkbox"/> 2,403	<input type="checkbox"/> 3,482	<input type="checkbox"/> 4,010	<input type="checkbox"/> 4,493	<input type="checkbox"/> 5,177	<input type="checkbox"/> 5,502	<input type="checkbox"/> 6,390
Up to 45 Yrs	<input type="checkbox"/> 2,022	<input type="checkbox"/> 2,643	<input type="checkbox"/> 2,918	<input type="checkbox"/> 4,411	<input type="checkbox"/> 4,869	<input type="checkbox"/> 5,418	<input type="checkbox"/> 6,074	<input type="checkbox"/> 6,478	<input type="checkbox"/> 7,238
Up to 55 Yrs	<input type="checkbox"/> 3,871	<input type="checkbox"/> 5,059	<input type="checkbox"/> 5,617	<input type="checkbox"/> 8,442	<input type="checkbox"/> 9,374	<input type="checkbox"/> 9,470	<input type="checkbox"/> 10,564	<input type="checkbox"/> 10,574	<input type="checkbox"/> 11,827
Up to 60 Yrs	<input type="checkbox"/> 4,894	<input type="checkbox"/> 6,397	<input type="checkbox"/> 7,104	<input type="checkbox"/> 10,674	<input type="checkbox"/> 11,855	<input type="checkbox"/> 11,734	<input type="checkbox"/> 13,158	<input type="checkbox"/> 12,820	<input type="checkbox"/> 14,349
Up to 65 Yrs	<input type="checkbox"/> 5,873	<input type="checkbox"/> 7,676	<input type="checkbox"/> 8,525	<input type="checkbox"/> 12,810	<input type="checkbox"/> 14,227	<input type="checkbox"/> 14,078	<input type="checkbox"/> 15,788	<input type="checkbox"/> 15,386	<input type="checkbox"/> 17,220

Administration Fee of Rs. 299 will be applicable per policy per annum.
*Any change in service tax by notification of Government will have an impending effect on premium

• Family Health Floater insurance is available for self, spouse and dependant children (aged between 91 days and 21 years) and dependant parents. It is not mandatory to enroll self into the plan. • Premium slab is applicable as per the highest age in the family. • At the time of renewal, if the age band changes, the premium will be increased and if expiring policy has a claim then the renewal premium will be loaded as per terms and conditions. • The premium quoted currently is subject to a hike up to 40% in future. However, any hike above 40% will be done only with specific approval from the Insurance Regulator (IRDA). • Change in sum insured during renewal is subject to approval of Royal Sundaram Alliance Insurance Co. Ltd. • Any changes in Term and Conditions will be informed in writing to policyholder 90 days prior to renewal.