DIAMA CILLAR AND COMPANY																
Please fill in the form in BLOC	K LETTER and	d attach all re	elevant da	ocuments. Pleas	se complete	all section	ons. Tick	. 🖌 i	n boxe	s as ap	рпсар	ie.		PHO	10	
FOR OFFICIAL USE ONLY SE/TC Code			1 1	Lead Referer	aca Numba	r				1 1						
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I want to apply for (please tic	k only one)	SBI (	Gold Card	SBI C	iold & More	Card	SE	3I Plat	inum C	ard						
I. MY PERSONAL DETAILS																
My Name Mr																
Name as you would like it on the c	First Name	etters)		Middle N	ame						Surnam	e				
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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.	o. 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 Airlines Limited shall be used in accordance with the Terms and Conditions of the King Club Programme	information shared with Kingfisher
V. BALANCE TRANSFER (OPTIONAL)	
Post issuance of an SBI Card to me, I wish to avail the Balance Transfer* facility on the terms set out herein. Kindly transfer the following amount (Transfer Amount) to my other Non-SBI cred below and charge the same against my SBI Card Account.	lit card as per the particulars mentioned
Card issuing Bank Amount to be transferred Rs. IPlease refer to Point 1 in Terms given below.	
Credit Card No. Amount in Words Rs. Amount in Words Rs. Terms: 1. Transfer Amount is subject to a minimum of Rs.5000 upto maximum of 75% of your SBI Card's available Credit Limit, but shall not be in excess of the outstanding balance on other card	
account (the disbursed BT amount may vary from the requested amount depending on the available credit limit). 2. The preferential rate of interests on the Tarabase are the following plans: a) 0% p.m. for 60 days b) 1.7% p.m. for 6 months *Conditions Apply. For detailed Terms & Conditions visit www.sbicard.com	PLEASE SIGN HERE
VI. 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)       Image: Card (max. 19 letters)       Image: Card (max. 19 letters)       Image: Card (max. 19 letters)	PLEASE SIGN HERE
Date of Birth d d m m Y Y Y Y Gender Male Female	Signature of Primary Card Applicant
VII. 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 C	ards and Payment Services Pvt.
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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 C Limited ("SBICPSL") for the issuance of Primary / Additional credit card ("Card").	re that the MITC is available for
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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 C Limited ("SBICPEL") 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 ference 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       d       m       m       y       y       y         VIII. INSURE YOUR SELF AND YOUR CARD PAYMENTS (OPTIONAL)       SBI Card Protection Plus Insurance Scheme : (To avail the benefits of Protection Plus Insurance Scheme and four your apply that the obsis of my advision to SBI Card Protection Plus Insurance Scheme to protect my card poyments and myself. Certify that I am between 18 and 64 years of age. [further decare that I am ingodhed/h, and and restricts also the obsis of my advision to SBI Card Protection Plus Insurance Scheme to protect my card poyments and myself. Certify that I am between 18 and 64 years of age. [further decare that I am ingodhed/h, and and restricts also the scheme and finue insurance Scheme and four and the relevance protection relus insurance coverage will be puggle by SBI Life and FSA/SBI Cards to the scheme this declaration is applicable to them. I authorize would would would would would be applicable to them. I authorize you to debit my card account with the relevance prelives of them and four and thinse insurance coverage	re that the MITC is available for           PLEASE SIGN HERE         X           Signature of Primary Card Applicant         X           c and nominate a beneficiary)         do not have any bodily defect or deformity           ding or any material information is withheld int monthly charges* as under until further         The subscription of the subscripti
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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 C         Londing "SBICPSU" for the issuance of Primary 2M dditional credit card "Card".         Londing that I have received the MITC (Most Important Terms & Conditional along with the application form and have read all the details in it. I am away reference in the SBI Card website www.sbicard.com.         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.         Ploce       Date       d       m       m       y       y       y         VIII. INSURE YOUR SELF AND YOUR CARD PAYMENTS (OPTIONAL)       Image: SBI Card Protection Plus Insurance Scheme all gou need to a is sign below.         Visual distance of the object on Plus insurance Scheme all gou plot by SBI Card Protection Plus insurance Scheme all for distance in an accord account with the relevant on an applicable sector and as signed by any a written notice. Jourback SBICPSL to disclose, from time to time, any information release and account with the relevant on the relevant on the protection Plus insurance Scheme and J format card as SBICPSL to disclose, from time to time, any information release and account with the relevant on the protection Plus insurance Scheme.         SBI Card Primary Card Applicant       Monthly Charges Periodal Card and Periodan Plus insurance Scheme and J formation release and applicable sector as applicable.         SBI Card Protectio	re that the MITC is available for           PLEASE SIGN HERE         X           Signature of Primary Card Applicant         X           c and nominate a beneficiary         X           do not have any bodily defect or deformity         X           ing or any material information is withheld         X           inf and proper to SBI Life and RSA for the         X           PLEASE SIGN HERE         X           Signature of Primary Card Applicant         X           PLEASE SIGN HERE         X           Signature of Primary Card Applicant         X           PLEASE SIGN HERE         X           Signature of Primary Card Applicant         X           PLEASE SIGN HERE         X           Signature of Primary Card Applicant         X           PLEASE SIGN HERE         X           Signature of Primary Card Applicant         X           PLEASE SIGN HERE         X

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

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