



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.

| | |
|----------------------|----------------------|
| Br. Code | Serial No. |
| <input type="text"/> | <input type="text"/> |
| A/c No. | <input type="text"/> |

Please affix
Colour Photo
Passport Size
Please do not
Sign.

I am a Resident / Non Resident Indian Resident Non Resident

PERSONAL PARTICULARS

| | | | |
|--------------|----------------------|----------------------|----------------------|
| Name in Full | Surname | First Name | Middle Name |
| Mr./Ms. | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Father's / Husband Name

Mother's Maiden Name

Name to be embossed on IOB VISA CREDIT CARD (Not to exceed 19 letters including space. Please leave one box space between each name)

| | | | | | | | | | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Photo to be printed on card (if yes, additional charges, if any, towards printing of photo will be debited to the account of the applicant) Yes No

| | | | | |
|---------------|---|--|---|----------------------|
| Date of Birth | Sex | Marital Status | Professional Qualification | No. of dependant/s |
| DD MM YY | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Married <input type="checkbox"/> Single | <input type="checkbox"/> U.G. <input type="checkbox"/> P.G. <input type="checkbox"/> Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Others | <input type="text"/> |

OFFICE / BUSINESS ADDRESS

Designation

Employer's Name

Employed SinceYrs

Confirmed Yes No

Postal Address

City Pin

State.....

Telephone.....

STD Code.....

Fax. No.

RESIDENTIAL ADDRESS

City Pin.....

State

Residence SinceYrs

Telephone No.

STD Code

Mobile No.

E-mail ID

IT PAN

Voter ID No.

Residence is own / Company Lease / Private Rented / Parent Owned

Living with Parents Yes No

Earlier Employment Details, if any

Name of the Employer

Duration of Service.....Yrs.

If residence is own,

residing since Yrs.

How old is your houseYrs.

| | | | | |
|-------------|-----------|-------------------------------|---------------------|--------------|
| Do you own | Regn. No. | If under loan, amount of loan | Driving Licence No. | Passport No. |
| Car | | | | |
| Two Wheeler | | | | Valid upto |
| House | | | | Issued at |
| Others | | | | |

EMPLOYMENT DETAILS

| | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Salaried | <input type="checkbox"/> Banking & finance | <input type="checkbox"/> Self Employed | <input type="checkbox"/> Firm |
| <input type="checkbox"/> Govt. Sector | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> C.A. | <input type="checkbox"/> Proprietor |
| <input type="checkbox"/> Public Sector | <input type="checkbox"/> Exports | <input type="checkbox"/> Doctor | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Private Sector | | <input type="checkbox"/> Consultant | <input type="checkbox"/> Others |
| <input type="checkbox"/> Sub-category | | <input type="checkbox"/> Advocate | |
| <input type="checkbox"/> IT Sector | | <input type="checkbox"/> Engineer | |
| | | <input type="checkbox"/> Others | |

| | | | | |
|----------------------------------|----------------------|----------------------|----------------------|----------------------|
| If Staff of Indian Overseas Bank | Roll.No. | Date of Joining | Present | |
| | | | Designation | Branch/Dept. |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|-------------------------------------|----------------------|---|----------------------|
| Description of property and Address | Value | Description of other Income/Investments | Value |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

BANKING DETAILS

| | | | |
|---------------------------------------|----------------------|----------------------|----------------------|
| CA/SB/Other A/cs (specify) | Account No. | Branch | Bank |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Deposit No. | Amount | Branch | Bank |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Particulars of Loan, if any, type/No. | Amount | Outstanding | Bank/Branch |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

DECLARATION

I have read / understood and hereby agree to be bound by the Terms and Conditions 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 the Bank, changes if any, as & when they occur. I agree to pay the membership / 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 members in accordance with the Terms and conditions as existing and as amended from time to time. I hereby authorize you to contact my employer / Bankers as and when you feel the need to do so in connection with this application / my transactions 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 conditions. I also hereby authorise you to inform / get the details of my transactions including default of payment that may occur to / from any of the Credit Card issuers, other Banks, Financial Institutions, Credit Information Bureau of India Ltd. (CIBIL) and any other organisation as the Bank may deem fit without obtaining any further oral or written consent from me.

Place : _____

Date : _____ Signature of Main Card Holder (Applicant)

ASSIGNMENT / NOMINATION FOR CARD HOLDER INSURANCE

I (Name of the Applicant) do hereby assign the money payable by United India Insurance Company Ltd. in the event of my accidental death to (Name of the Nominee) who is my (relationship to the applicant). If the nominee is minor, name and address of the guardian.....

I hereby authorise the Bank to adjust the IOB VISA CREDIT CARD dues, if any, from the insurance claims settled. I further declare that the nominee's receipt shall be sufficient proof of discharge to United India Insurance Co. Ltd.

Name of Witness

Signature of Witness

Address of Witness

.....

(Signature of Applicant) Date this day of20 at

OTHER CREDIT CARD DETAILS

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 United India Insurance Company Ltd. in the event of my accidental death to (Name of the Nominee) If the nominee is minor, name and address of the guardian

ADD ON CARD DETAILS

Add on card required Yes No If yes, particulars of Add on Cards

1. Name of the Add on Applicant

Date of Birth Occupation

Relationship To Applicant Spouse Parent Major Son Major Daughter

If Employed in our Bank, Roll No.

2. Name of the Add on Applicant

Date of Birth Occupation

Relationship To Applicant Spouse Parent Major Son Major Daughter

If Employed in our Bank, Roll No.

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.

| | |
|--------------------------|---|
| (Signature of Spouse) | Name of Witness |
| Attested by | Signature of Witness |
| | Address of Witness |
| (Signature of Applicant) | Date this day of20 at |

BRANCH RECOMMENDATION

(Tick appropriate box and furnish the relevant information)

I have verified the details furnished in the application as per KYC norms.

The applicant is a customer of our Bank for the past years, maintaining an average balance of Rs. in his/her SB / Current / NRE / NRO a/cand the dealing with us have been satisfactory.

VIP OTHERS

The applicant is not a customer of our Bank, but is known to us for the past years.

The applicant is good for Rs. (specify net worth)and has deposit of Rs..... with us (specify encumbered / Unencumbered).

We recommend issue of IOB VISA CREDIT CARD as requested for with an overall ceiling limit of Rs.

Add-on IOB VISA CREDIT CARD as requested for may be issued / may not be issued.

Additional information, if any :

SETTLEMENT DETAILS

I shall settle my IOB VISA Credit Card bills by debit to my SB/CA/CC/NRE/NRO A/c. with branch of I.O.B. in the name of maintained since yrs.

I hereby authorise you to debit the above mentioned account as and when IOB VISA CREDIT CARD bills are raised.

Correspondence / Bills may be addressed to Office Residence

| | |
|----------------------|----------------------|
| For Office Use | BR. Code No. |
| <input type="text"/> | <input type="text"/> |

Payment Due Date Option 10th of Month Last day of Month

Option of Payment Debit to my account above mentioned Payment by Cheque

.....

Signature of Branch Manager in-charge

Name :

S.S. No. :

Name of Branch :

Date : Br. Code No. :

FINANCIAL PARTICULARS

| Annual (Rs.) | Annual (Rs.) |
|--------------------------|-----------------------------|
| 1. Gross Salary | 4. Deductions |
| 2. Business Income | 5. Business Liability |
| 3. Other Income | 6. Other Liability |
| (If any, specify) | (If any, specify) |
| Total (1+2+3) A | Total (4+5+6) B |
| Net Income (A-B) | |

ORDERS OF CM / AGM / DGM / GM (IN CASE OF EXCEPTIONS)

Decline / Issue IOB VISA CREDIT CARD with / without Add on facility with overall ceiling limit of Rs.

Date : Chief Manager / AGM / DGM / GM

Enclosures

- Salary Certificate (Proforma Enclosed)
- Proof of Business Income
- IT / WT AO
- Proof of other Income
- Proof of Property
- Proof of Income from Property
- Any other Document (Please specify)

(To be filled in by Credit Card Division)

| | Card No. |
|-------------|----------------------|
| Main Card | <input type="text"/> |
| Add on Card | <input type="text"/> |
| Add on Card | <input type="text"/> |

| | Issued on | Valid upto |
|--|----------------------|----------------------|
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |