



इण्डियन ओवरसीज़ बैंक
Indian Overseas Bank
 आपकी प्रगति का सच्चा साथी
 Good people to grow with

Photograph

APPLICATION FOR CREDIT CARD

Existing Customer	Yes	No	If Yes, Customer Id - Account No. -
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Applicant information (Please write in Capital letter)

Full name	First Name	Middle Name	Last Name
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Name, as you would like to have on card	
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Father's Name		Gender	
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Date of Birth		Nationality	
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Marital Status	Single/Married	If married Name of Spouse -
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AADHAAR No.		PAN No	
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Educational Qualifications	Graduate	Post Graduate	Professional	Other	
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Present Residential Address		Permanent Residential address			
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House No/Row No		House No/Row No	
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Street Name		Street Name	
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Area name		Area Name	
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City		city	
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Pin code		Pin code	
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Landmark		Landmark	
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Mobile no.		Alternate mobile no.	
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E-Mail ID	
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Residential Ownership	Own mortgage free/ Own mortgaged / Rental / Parental
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Occupation

Employment Status	Business	Professional	Self employed	Salaried	Others
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Employment Type	Central/State Govt.	NGO/Trust/Society	Public sector	Private
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Name of the organisation/Firm	
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Department & Designation (For salaried)	
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Nature of Business/profession		No of years in current organisation/ Business/Profession	
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Present office address	
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City	
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Pin code	
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Official email & Contact No	
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Proffered Correspondence address	Present residential address/ Permanent Residential address/Present office address
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Gross annual income	Rs (as per latest salary slip or ITR and latest Salary Slip/ITR attested copy to be submitted)	Annual IT Liability: Rs. No of Years ITR Filed:
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APPLICATION FOR CREDIT CARD

Banking details					
Bank & Branch Name					
Bank Account No.					
Bank Account type		Savings A/C	Current A/C	Others	
Auto Debit/Standing Instruction	I solemnly authorize Indian Overseas Bank to auto debit my account no at IOBbranch on each due date for my credit card as per my below choice				
	Minimum Amount	Billed Amount			
Whether Credit Card applied against deposit; If Yes					
Deposit No		Deposit maturity date			
Deposit Amount		Rs..... (in words.....)			
Term of deposit		(Minimum term of deposit should be Two year and auto renewal is mandatory)			
Employment details					
IOB Staff		Yes/No			
Roll no		Date of Joining			
Present designation		Present Branch/Dept			
ADD ON	Name	Relation with Primary Card holder	DOB (DD/MM/YYYY)	Mobile No	Occupation
1					
2					
3					
4					
Declarations					
<p>I have read/understood and agreed to bound the most important term and conditions governing by IOB credit card as furnished separately. The particulars furnished above by me are true to the best of my knowledge and belief and I agree to inform the bank changes if any, as and 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 the dues arising under IOB credit card issued in my name and ADD ON issued in the name of my Family members on my request in accordance with term and conditions as existing and as amended from time to time. I authorize you to contact my employer/banker as and when you feel the need to do so in connection with this application or my transactions/dues. I hereby authorize you to inform or get the details of my transactions or default of payments that may occur to card issuers or other banks or financial institutions Credit information companies and other organisations without further consent from me.</p>					
Signature of applicant (Please sign below)				Date	
				Place	



ASSIGNMENT/NOMINATION FOR IOB CARDHOLDER INSURANCE

i.....(Name of the applicant) do hereby assign the money payable by insurance company in the event of my accidental death to Mr./Mrs.....(Name of Nominee) who is my(relationship to the applicant); If nominee is minor name and address of guardian

I hereby authorize the bank to adjust the IOB credit card dues if any from the insurance claim settled. I further declare that nominees receipt shall be sufficient proof of discharge to insurance company.

(Signature of Applicant)

Date:

Place:

**ASSIGNMENT/NOMINATION FOR IOB CARDHOLDER'S SPOUSE INSURANCE
(Applicable only for VISA Cards)**

i.....(Name of the applicant's Spouse) do hereby assign the money payable by insurance company in the event of my accidental death to Mr./Mrs.....(Name of Nominee) who is my(relationship to the spouse of cardholder); If nominee is minor name and address of guardian

I hereby authorize the bank to adjust the IOB credit card dues if any from the insurance claim settled. I further declare that nominees receipt shall be sufficient proof of discharge to insurance company.

(Signature of spouse)

Attested by

(Signature of Applicant)

Date:

Place:

For Branch/Office use

- ✓ We have verified the details of furnished in the application as per the KYC norms.
- ✓ The applicant is customer of our bank for the past Years, maintaining SB/Current/SB NRE/SB NRO account no. And the past dealing with us have been satisfactory. OR The applicant is not a customer of our bank, is maintaining SB A/C with Bank &Branch have satisfactory dealing with them.
- ✓ Additional information, If any.

Signature of Authorized Official

Name:

S. S. No.

Branch Name & Code

Branch Seal

Date: