CREDIT CARD APPLICATION FORM



Offers. Privileges. Courtesies.

Tata Platinum Card & Tata Titanium Card.

FOR OFFICIAL USE ONLY		FORM NO.:				
WCP Application No.		Approve Reject				
BM Name	BM PF No. Br. Emp.					
Br. Emp. Name			Mobile No.			
SE/TC/ BRE Code		Bank Employee PF Index No.				
DOC Executive Code		Lead Reference Number	FEE Co			
Application Type New	Update KYC No.	Account Type	Normal Simplified	Small		
Card Type	Source Code	Promo Code CS	SM Code	Branch Code		
Is your customer a VIP customer?						
	165 110					
Name of Sales Executive						
Name of ASM						
	FCU Stamp	Signature (Sales Executive)		Signature (ASM)		
		BLOCK LETTERS. Attach all relevant documents as stated in the form.				
	1 01 ()	esidence address proof (d) Employment proof (Offer letter/ Salary slips)				
I. TELL US ABOUT YOURS				Affix		
Tata Platinum Card	Tata Titanium Card			Passport		
				Size		
				Photograph here		
				(35mmx45mm)		
Please provide some basic information a	bout yourself which will be used on you	r card and will help us with security checks in future.				
Salutation Mr.	Mrs Ms Dr	Others				
First Name	N N N	liddle				
(As on Aadhaar) Maiden Name		ame Surname Surname				
Date of Birth D D M M	(Max Y Y Y Y Gender	21 letters) Male Female Third Gender Marit:	al Status Married	Single Others		
(As on Aadhaar) Spouse's Name	Gender	Male Pennale Mother's Name	JI STATUS Marrieu	Single Others		
(Full Name) Father's Name		(Full Name)				
(Full Name)						
Education Class 10 or	below 10+2 G	aduate Postgraduate and above PAN		Form 60		
Phone		Mobile No.				
Second Phone/Fax		International Contact No.				
E-mail ID (IN CAPITAL LETTERS ONLY)						
I would like to partner with (Please note that post confirmin	SBI Card on 'The Go Green' initia g for e-statement, no hard copy of mo	tive. Please mail my SBI Card billing statements to the e-mail thly statement will be provided).	ID given above.			
Nationality IN-Indian	Others	ID Proof Type Voter ID Passport	Driving Licence PA	N Card Aadhaar Card		
I, hereby give my consent to number and/or fingerprints/ information would only be us be stored/shared and will be	SBI Card to obtain my Aadhaar Nur Iris and/or OTP for authentication v sed for processing my credit card ap submitted to CIDR only for the pur	nber/ Virtual ID, Name, date of birth, Address, mobile with UIDAI. SBI card has informed me that my identity plication and also informed that my biometric will not bose of authentication.	of No.			
II. YOUR RESIDENCE AN		Virtual ID No.				
		cation purposes and will be used to send your card and monthly	statements.			
Residence Status Residen	t NRI Foreign N	ational Person of Indian Origin				
Current Residential Address						
(Address line1)						
(Address line2)						
Landmark			No. of years completed			
City		PIN Code	at current residence			
To check your application st	atus, please log onto <u>sbicar</u>	d.com FORM NO.:				

For more details, call us at 1860 180 1290 or 39 02 02 02 (prefix local STD code) DOCUMENTS REQUIRED: (a) Passport-size photograph (b) Photo ID proof (c) Residence address proof (d) Employment proof (Offer letter/ Salary slips)



Permanent Residenti	ial Address (Same as at	pove)				
(Address line1)						
(Address line2)						
Landmark						
City			PIN Code	Phone		
State						
Address as on Aadha	aar (Same as Current A	Address) (Sam	ne as Permanent Address)			
(Address line1)						
(Address line2)				Street		
Post office				District		
City			PIN Co	ode	State	
Office Address	Name of Company	/ Firm				
(Address line1)						
(Address line2)						
City			PIN Code	Phone	1	
Extension No.	Fax			Mobile No.		
Phone 2			Preferred Mailing Ad		ent Residential Address	Office Address
Official E-mail ID						
(IN CAPITAL LETTERS ONLY)						
III. YOUR PROFE	SSIONAL DETAILS	5				
Help us understand ye	our profile and needs be	tter to enable us to s	suggest you the right product.			
Occupation Type	Service (Private Sector	Public Sector G	overnment Sector)		
	Self-employed (Professional	Businessman) Re	etired/ Pensioner	Housewife	Student
Designation			Employe	e ID	Total loss	
Department					Total Income p.a. (₹)	
No. of years complete	ed at current employmer	at /businessa V V				
		it/business	Medical Degree(s) a (Mandatory field for Do		on up to 3 degrees, each separ	rated by a comma)
		It/ Dusiness			n up to 3 degrees, each sepa	rated by a comma)
IV. YOUR BANKI	NG RELATIONSHI				n up to 3 degrees, each separ	rated by a comma)
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Please note that SBI Cards and Payment Services Private Limited ("SBICPSL") which expression shall mean and hereinafter also referred to as "SBI Card" is incorporated as a private limited company under the provisions of the Indian Companies Act, 1956. SBICPSL is accordingly a distinct legal entity from the State Bank of India. SBICPSL is responsible for issuance of SBI Credit cards and for providing such related financial services and accordingly SBICPSL along with its direct affiliate(s) are alone responsible for resolving all disputes and differences in relation to SBI credit cards without reference to the State Bank of India.

ADD-ON CREDIT CARD AFFEICATION FORM		SBI Card
ADD ON CARD DETAILS		Make life simple
Add-on Card 1		
Please issue the additional card to my following family me	ember:	
KYC Number of Related Person (if available*)		
Related Person Type Guardian of Minor	Assignee 🖌 Authorised Representative	"Affix passport size
Relationship with me Spouse Parent	Son/Daughter (above 18 years) Brother/Sister (above 18 years)	photograph of
Salutation Mr. Mrs. Ms. Dr.	Others	add-on card applicant"
First Name	Middle Name	opproduc
Surname		
Name as you would like it on the card (Max. 19 letters)		
Date of Birth D D M M Y Y Y Y Gend	er Male Female Third Gender	
Marital Status Married Single Others		
Photo ID Proof Type Aadhaar Card Driving Licer	nce PAN Card Passport Voter ID	
Photo ID Proof No.	Aadhaar No.	
	Virtual ID No.	
I confirm that the Add-on applicant resides at the sa	me address as mine	Consent to Apply (Primary Cardholder's Signature)
Below details are NOT required if Add-on applicant reside		(
Address ID Proof Type Aadhaar Card Driving L		
Address ID Proof No.	Aadhaar No.	PLEASE SIGN HERE 🗙
Add-on Card 2		
Please issue the additional card to my following family me	emher	
KYC Number of Related Person (if available*)		
Related Person Type Guardian of Minor	Assignee 🗸 Authorised Representative	"Affix passport size
Relationship with me Spouse Parent	Son/Daughter (above 18 years) Brother/Sister (above 18 years)	photograph of
Salutation Mr. Mrs. Ms. Dr.	Others	add-on card
First Name	Middle Name	applicant"
Surname		
Name as you would like it on the card (Max. 19 letters)		
	an Mala Famala Third Candar	
Date of Birth D D M W V V V Gend	er Male Female Third Gender	
Marital Status Married Single Others		
Photo ID Proof Type Aadhaar Card Driving Licer		
Photo ID Proof No.	Aadhaar No.	
	Virtual ID No.	Consent to Apply
I confirm that the Add-on applicant resides at the same		(Primary Cardholder's Signature)
Below details are NOT required if Add-on applicant reside		
Address ID Proof Type Aadhaar Card Driving L		PLEASE SIGN HERE 🗙
Address ID Proof No.	Aadhaar No.	
with UIDĂI. SBI Card has informed me that my identity infor stored/shared and will be submitted to CIDR only for the pr Date (dd / mm / yyyy)://	r Number, Name, Date of Birth, Address, Mobile Number and / or Fingerprints / Iris mation would only be used for processing my Credit Card application and also inform urpose of authentication. (Add on Applicant - 1's Signature)	and / or OTP for authentication ned that my biometric will not be Consent to Apply (Add on Applicant - 2's Signature)
Place:	PLEASE SIGN HERE 🗙	PLEASE SIGN HERE X
OTHER BENEFITS		
Card Protection Plan (CPP)	Yes, I would like to know more about the Card Protection Plan (CPP).	Notwithstanding any earlier
 (CPP is offered by CPP ASSISTANCE SERVICES (P) LTD.) One call to block all your lost cards 	instructions given by me, I hereby authorise SBICPSL to disclose my personal	о ,
Fraud protection*	Services Pvt. Ltd. and also consent to receiving calls/communications fr	
Emergency travel & hotel assistance	Services Pvt. Ltd. or any other person on their behalf in connection with CPP	
Lost PAN Card replacement Worldwide cover		Assistance Convince (D) Lt L
• 24x7 helpline	The Card Protection Plan Product and Services (CPP) is being offered by CPF All the responsibility or liability pertaining to the CPP Product is solely that of	
 F-Secure Internet Security *The fraud protection feature of the Card Protection Plan is provided by an Indian insurance company. 		

Family Health Floater – Enrolment Form (Optional)



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 declare that persons proposed do not suffer from any pre – existing conditions, other than those declared by me above. I have given explicit information of such instances of diseases and understand that such pre-existing conditions will not be covered under the policy for the first four years of insurance. I hereby agree to enroll myself and / or my dependents under Royal Sundaram's Family Health Floater Policy. I authorize the concerned Third Party Administrator of Royal Sundaram to

I hereby agree to enroll myself and / or my dependents under Royal Sundaram's Family Health Floater Policy. I authorize the concerned Third Party Administrator of Royal Sundaram to process my claim. I authorize Royal Sundaram General Insurance Co. Limited to debit my SBI credit card towards payment of premium for Family Health Floater Policy.

Nominate a Beneficiary to your Insurance products:

ss Name		Date			(Primary Card Appli	ent to Apply cant's Signature) ou are opting for Family	PLEASE SIGN H Health Floater Policy.	IERE
Family Health	Premium Chart for One Year (Inc		Please tick your pret					
Floater	Plan Details	Highest Age Upto ->	35 Years	45 Years	55 Years	60 Years	65 Years	
		₹ 1 Lakh	1,708	2,163	4,142	5,235	6,282	
	1 Adult	₹2 Lakh	2,231	2,827	5,413	6,844	8,211	
*Any change in		₹3 Lakh	2,571	3,120	6,008	7,601	9,122	
Tax by		₹2 Lakh	3,726	4,719	9,032	11,420	13,704	
notification of	2 Adults	₹ 3 Lakh	4,290	5,208	10,029	12,682	15,220	
government will have an		₹2 Lakh	4,804	5,797	10,132	12,552	15,063	
impending effect	2 Adults + 1 Child	₹3 Lakh	5,537	6,499	11,303	14,077	16,890	
on premium.		₹2 Lakh	5,886	6,928	11,313	13,714	16,462	

This Policy is being underwritten by Royal Sundaram General Insurance Co. Limited. SBI Card is the Corporate Agent of Royal Sundaram General Insurance Co. Limited vide IRDAI Registration code CA0075. Royal Sundaram General Insurance Co. Limited IRDA Registration Number – 102.

6.835

7,744

12.652

15,350

18,422

₹3 Lakh

Group Personal Accident Policy – ₹10 Lakh Cover (Optional)

2 Adults + 2 Children

To avail the benefits of Group Personal Accident Policy, all you need to do is sign and nominate a beneficiary.

Policy will cover the following: • Accidental death • Permanent total disablement

I hereby agree to enroll myself under Group Personal Accident Policy. I authorize Royal Sundaram General Insurance Co. Limited to debit my SBI credit card towards payment of premium for Group Personal Accident Policy. I hereby read and understood the detailed Terms & Conditions of the Policy and is in agreement with the same. Annual Charge / Premium of ₹496/- only (Inclusive of Goods and Services Tax)

Nominate a Beneficiary to your Insurance products:

Witness Name.....

Place	
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Consent to Apply (Primary Card Applicant's Signature) Please sign only if you are opting for Group Personal Accident Policy.

This Policy is being underwritten by Royal Sundaram General Insurance Co. Limited. SBI Card is the Corporate Agent of Royal Sundaram General Insurance Co. Limited vide IRDAI Registration code CA0075. Royal Sundaram General Insurance Co. Limited IRDA Registration Number – 102.

Date.....

I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable. I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by theCompany. I/We declare and consent to the Company seeking medical information from any doctor or from a hospital who at any time has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of proposal underwriting and/or claims settlement. I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any governmental and/or regulatory authority. I declare that persons proposed are my application for issuance of SBI Card. I agree that the insurance benefit available to me as a card member shall become voidable by Royal Sundaram General Insurance Co. 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 Co. Limited for the purpose of issuance and administration of the policy. I/We also u

SECTION 41 OF THE INSURANCE ACT, 1938 - PROHIBITION OF REBATES

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an Insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.
 Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.