



Tata Platinum Card & Tata Titanium Card.

FORM NO.:

DOCUMENTS REQUIRED: (a) Passport-size photograph (b) Photo ID proof (c) Residence address proof (d) Employment proof (Offer letter/ Salary slips)

[illegible][illegible][illegible]Official E-mail ID
(IN CAPITAL LETTERS ONLY)

Help us understand your profile and needs better to enable us to suggest you the right product.

Occupation Type Service (Private Sector Public Sector Government Sector)
 Self-employed (Professional Businessman) Retired/ Pensioner Housewife Student

[illegible]

This information will be kept completely confidential & used only for verification purposes.

Name of the 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.)								
CIF No. (Only for SBI Account Holders)											Credit Card No.													
Alternate Credit Card No.																								

I have to advise that I am maintaining my _____ Account / CIF number [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
with State Bank of India and on the strength of this account, I am applying for an SBI Credit Card.
I hereby authorise SBI to share the information of my account required by SBI Card solely for the purpose of issuance of SBI Card in my name.

PLEASE SIGN HERE

Signature of Primary Card Applicant

I authorize international Usage to be enabled on my card by affixing my signature at the bottom of this declaration.

Please note International activation is required for:

- Transaction made on all international websites including INR transactions
- Retail transactions made in foreign currency.

In case you do not require international usage, please tick the box below. ☐ Disable International Usage

I hereby confirm and declare that:

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

I confirm that I have received and read the MITC (Most Important Terms & Conditions) along with the application form and am aware that it is available for reference on the SBI Card website, sbicard.com. The MITC provided is in English language and I am fully conversant with English to understand the MITC and would request SBI Card to provide any further information in English language.

Notwithstanding any earlier instructions given by me, I hereby authorize and consent /do not authorise sharing of any of my information (details mentioned in the application form and/ or any other document, transaction details) and sending me SMS/email alerts or / calling on my Registered mobile number for the purposes of operation of the card, marketing and offering of various products and services of SBICPSL through agent(s) and/or any third party(ies) or any of the product(s) of its group companies, subsidiaries, affiliates, cobrand partners.

SBI Cards and Payments Services shall not be responsible for any subsequent withdrawals of the benefits on the contributions made by the Cobrand Card Partner and related entities under this programme. Accordingly SBICPSL specifically disclaims any liabilities on any matters arising therefrom.

All documents submitted in support of the application shall become the sole and absolute property of SBICPSL.

I understand that Date of Birth mentioned on the Aadhaar Card will be treated as the final one for SBI Card application processing.

Place _____ Date

D	D	M	M	Y	Y
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PLEASE SIGN HERE

Signature of Primary Card Applicant

T&C Apply. For detailed Terms & Conditions, visit sbicard.com

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 (a) 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 CARD DETAILS

Add-on Card 1

Please issue the additional card to my following family member:

KYC Number of Related Person (if available*)

 Related Person Type ☐ Guardian of Minor ☐ Assignee ☒ Authorised Representative

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

 Salutation ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Others

First Name Middle Name

Surname

Name as you would like it on the card (Max. 19 letters)

 Date of Birth Gender ☐ Male ☐ Female ☐ Third Gender

 Marital Status ☐ Married ☐ Single ☐ Others

 Photo ID Proof Type ☐ Aadhaar Card ☐ Driving Licence ☐ PAN Card ☐ Passport ☐ Voter ID

Photo ID Proof No. Aadhaar No.

Virtual ID No.

☐ I confirm that the Add-on applicant resides at the same address as mine

Below details are NOT required if Add-on applicant resides with the Primary Cardholder

 Address ID Proof Type ☐ Aadhaar Card ☐ Driving Licence ☐ Passport ☐ Voter ID

Address ID Proof No. Aadhaar No.

 Consent to Apply
 (Primary Cardholder's Signature)

PLEASE SIGN HERE

X

Add-on Card 2

Please issue the additional card to my following family member:

KYC Number of Related Person (if available*)

 Related Person Type ☐ Guardian of Minor ☐ Assignee ☒ Authorised Representative

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

 Salutation ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Others

First Name Middle Name

Surname

Name as you would like it on the card (Max. 19 letters)

 Date of Birth Gender ☐ Male ☐ Female ☐ Third Gender

 Marital Status ☐ Married ☐ Single ☐ Others

 Photo ID Proof Type ☐ Aadhaar Card ☐ Driving Licence ☐ PAN Card ☐ Passport ☐ Voter ID

Photo ID Proof No. Aadhaar No.

Virtual ID No.

☐ I confirm that the Add-on applicant resides at the same address as mine

Below details are NOT required if Add-on applicant resides with the Primary Cardholder

 Address ID Proof Type ☐ Aadhaar Card ☐ Driving Licence ☐ Passport ☐ Voter ID

Address ID Proof No. Aadhaar No.

 Consent to Apply
 (Primary Cardholder's Signature)

PLEASE SIGN HERE

X

Declaration

I hereby give my consent to SBI Card to obtain my Aadhaar Number, Name, Date of Birth, Address, Mobile Number and / or Fingerprints / Iris and / or OTP for authentication with UIDAI. SBI Card has informed me that my identity information would only be used for processing my Credit Card application and also informed that my biometric will not be stored/shared and will be submitted to CIDR only for the purpose of authentication.

 Consent to Apply
 (Add on Applicant - 1's Signature)

 Consent to Apply
 (Add on Applicant - 2's Signature)

Date (dd / mm / yyyy) : __ / __ / ____

Place: _____

PLEASE SIGN HERE

X

PLEASE SIGN HERE

X

OTHER BENEFITS

Card Protection Plan (CPP)

(CPP is offered by CPP ASSISTANCE SERVICES (P) LTD.)

- One call to block all your lost cards
- Fraud protection*
- Emergency travel & hotel assistance
- Lost PAN Card replacement
- Worldwide cover
- 24x7 helpline
- F-Secure Internet Security

*The fraud protection feature of the Card Protection Plan is provided by an Indian insurance company.

☐ Yes, I would like to know more about the Card Protection Plan (CPP). Notwithstanding any earlier instructions given by me, I hereby authorise SBICPSL to disclose my personal information to CPP Assistance Services Pvt. Ltd. and also consent to receiving calls/communications from SBICPSL/CPP Assistance Services Pvt. Ltd. or any other person on their behalf in connection with CPP.

The Card Protection Plan Product and Services (CPP) is being offered by CPP Assistance Services (P) Ltd. All the responsibility or liability pertaining to the CPP Product is solely that of CPP Assistance Services (P) Ltd.

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 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:

I....., do hereby assign the monies payable for the insurance under Group Personal Accident Policy & Family Health Floater Policy by Royal Sundaram General Insurance Co. Limited to,my (relationship) I further declare that his/her receipt shall be sufficient discharge to the insurance company.

Witness Name.....

Place.....

Date.....

Consent to Apply
(Primary Card Applicant's Signature)

Please sign only if you are opting for Family Health Floater Policy.

PLEASE SIGN HERE

X

<p>Family Health Floater</p> <p>*Any change in Tax by notification of government will have an impending effect on premium.</p>	Premium Chart for One Year (Including 18% GST as applicable). Please tick your preference.						
	Plan Details	Highest Age Upto ->	35 Years	45 Years	55 Years	60 Years	65 Years
	1 Adult	<input type="checkbox"/> ₹1 Lakh	<input type="checkbox"/> 1,708	<input type="checkbox"/> 2,163	<input type="checkbox"/> 4,142	<input type="checkbox"/> 5,235	<input type="checkbox"/> 6,282
		<input type="checkbox"/> ₹2 Lakh	<input type="checkbox"/> 2,231	<input type="checkbox"/> 2,827	<input type="checkbox"/> 5,413	<input type="checkbox"/> 6,844	<input type="checkbox"/> 8,211
		<input type="checkbox"/> ₹3 Lakh	<input type="checkbox"/> 2,571	<input type="checkbox"/> 3,120	<input type="checkbox"/> 6,008	<input type="checkbox"/> 7,601	<input type="checkbox"/> 9,122
	2 Adults	<input type="checkbox"/> ₹2 Lakh	<input type="checkbox"/> 3,726	<input type="checkbox"/> 4,719	<input type="checkbox"/> 9,032	<input type="checkbox"/> 11,420	<input type="checkbox"/> 13,704
		<input type="checkbox"/> ₹3 Lakh	<input type="checkbox"/> 4,290	<input type="checkbox"/> 5,208	<input type="checkbox"/> 10,029	<input type="checkbox"/> 12,682	<input type="checkbox"/> 15,220
	2 Adults + 1 Child	<input type="checkbox"/> ₹2 Lakh	<input type="checkbox"/> 4,804	<input type="checkbox"/> 5,797	<input type="checkbox"/> 10,132	<input type="checkbox"/> 12,552	<input type="checkbox"/> 15,063
		<input type="checkbox"/> ₹3 Lakh	<input type="checkbox"/> 5,537	<input type="checkbox"/> 6,499	<input type="checkbox"/> 11,303	<input type="checkbox"/> 14,077	<input type="checkbox"/> 16,890
	2 Adults + 2 Children	<input type="checkbox"/> ₹2 Lakh	<input type="checkbox"/> 5,886	<input type="checkbox"/> 6,928	<input type="checkbox"/> 11,313	<input type="checkbox"/> 13,714	<input type="checkbox"/> 16,462
		<input type="checkbox"/> ₹3 Lakh	<input type="checkbox"/> 6,835	<input type="checkbox"/> 7,744	<input type="checkbox"/> 12,652	<input type="checkbox"/> 15,350	<input type="checkbox"/> 18,422

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.

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

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:

I....., do hereby assign the monies payable for the insurance under Group Personal Accident Policy & Family Health Floater Policy by Royal Sundaram General Insurance Co. Limited to,my (relationship) I further declare that his/her receipt shall be sufficient discharge to the insurance company.

Witness Name.....

Place.....

Date.....

Consent to Apply
(Primary Card Applicant's Signature)

Please sign only if you are opting for Group Personal Accident Policy.

PLEASE SIGN HERE

X

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.

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 the Company. 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 underwriting the proposal and/or claim 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 family members and that they are not engaged in any high risk occupations. I understand that I am eligible for applying for these insurance products, subject to the approval of 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 benefit. 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 Royal Sundaram General Insurance Co. Limited for the purpose of issuance and administration of the policy. I/We also understand that the issuance of policy shall be at sole discretion of insurance company and policy shall become effective from the date of actual receipt of premium by Royal Sundaram General Insurance Co. Limited.

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

1) 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.

2) Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.