



For quick processing of your application, please complete all sections in BLOCK LETTERS  in boxes where appropriate and write N. A. if not applicable. Please fill in CLEAR BLOCK Letters, without touching the boxes e.g. **A B**

**I/We wish to apply for#**

Credit Card	SWAVLAMBAN	EASY	SELECT	PREMIER	PRIME
First year*/Annual fee**	₹250/-	₹500/-	₹750/-	₹1,000/-	NIL

<b>Preferred Mailing Address#</b>	<input type="checkbox"/> Present	<input type="checkbox"/> Permanent	<input type="checkbox"/> Office
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I agree to be charged for the first year credit card annual fee in my first statement.

\*Reversed if spends within 60 days of card issuance : ₹ 2,500 for Swavlamban, ₹ 6,000 for Easy, ₹ 7,500 for Select and ₹ 10,000 for Premier  
\*\*Waived if spends in preceding year : ₹ 12,000 for Swavlamban, ₹ 35,000 for Easy, ₹ 70,000 for Select, and ₹ 120,000 for Premier

**APPLICANT'S INFORMATION#**

Mr./Mrs./Ms./Dr.  First Name  Middle Name  Last Name

Full Name

Name to be printed on Credit Card  (Max. 20 characters including space)

Mother's Maiden Name

Father's Name

Date of Birth  DD  MM  YY Gender  Male  Female  TG Nationality  Resident Indian  NRI/PIO  Foreign National

Marital Status  Single  Married  Widow(er) AADHAAR No.

PAN No.

Educational Qualification:  Graduate  Post Graduate  Professional  Other \_\_\_\_\_

Present Residential Address <input type="checkbox"/>	Permanent Residential Address <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
City <input type="checkbox"/> Pin <input type="checkbox"/>	City <input type="checkbox"/> Pin <input type="checkbox"/>
Landmark <input type="checkbox"/>	Landmark <input type="checkbox"/>
Tel. (with STD code) <input type="checkbox"/>	Tel. (with STD code) <input type="checkbox"/>
Mobile# <input type="checkbox"/>	
Email ID# _____	
Alternate Mobile No. <input type="checkbox"/>	

**OCCUPATION**

Employment Status#  Business  Professional  Self Employed  Salaried  Others \_\_\_\_\_

Employer Type  Govt.  NGO  Private  Public

Name of Organisation / Employer

Designation: \_\_\_\_\_ Employee code (for Bank of Baroda/ its affiliates employees)# \_\_\_\_\_

Department  No. of Years in Current Org.  Months

Office Address#

City

Pin  Tel. (with STD code)  Extn.

Gross Annual Income (in Rs.)#

**BANK DETAILS**

Bank Name

Bank A/c No.  Savings A/c  Current A/c  Other

#Mandatory fields. Do not leave blank as it may lead to delay/ rejection of the application.

