

IMPORTANT INSTRUCTIONS: Applicant is requested to complete all sections in **BLOCK LETTERS**. Attach all relevant documents as stated in the form.
DOCUMENTS REQUIRED: (a) Passport-size photograph (b) Photo ID proof (c) Residence address proof (d) Employment proof (Offer letter/ Salary slips)

I. TELL US ABOUT YOURSELF

I want to apply for (please tick only one):

Platinum Advantage Card SimplySAVE Advantage Card SimplyCLICK Advantage Card

If others, please specify _____

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

Surname | | | | | | | | | | | | | | | |

Date of Birth **Gender** ☒ Male ☐ Female ☐ Third Gender **Marital Status** ☐ Married ☒ Single

Father's Name

PAN Form 60 Nationality

ID Proof No.

Please provide your address accurately as it may be required for verification purposes and will be used to send your card and monthly statements.

[illegible]

Landmark

City PIN Code

[illegible][illegible]

Second Phone/Fax _____ International Contact No. _____

Permanent Residential Address

Landmark

City | | | | | | | | | | | | | | | | PIN Code | | | | |

State

[illegible]

Office Address

Name of Company/ Firm

Address

City

PIN Code

Phone

(STD Code only)

Extension No.

Fax

Mobile No.

Preferred Mailing Address

☐ Current Residential Address

☐ Office Address

E-mail ID

(IN CAPITAL LETTERS ONLY)

☐ I would like to partner with SBI Card on 'The Go Green' initiative. Please mail my SBI Card billing statements to the e-mail ID given above.
(Please note that post confirming for e-statement, no hard copy of monthly statement will be provided).

Official E-mail ID

(IN CAPITAL LETTERS ONLY)

III. YOUR PROFESSIONAL DETAILS

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

Occupation Type

☐ Salaried

☐ Self-employed

☐ Retired/ Pensioner

☐ Housewife

☐ Student

Designation

Department

Employee ID

Total Income p.a. (₹)

No. of years completed at current employment/business

IV. YOUR BANKING RELATIONSHIP

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.

CIF No. (Only for SBI Account Holders)

Year of opening A/c (Approx.)

Credit Card No.

Alternate Credit Card No.

V. CUSTOMER DECLARATION FOR SHARING SBI BANK ACCOUNT DETAILS WITH SBICPSL

I have to advise that I am maintaining my _____ Account No. _____
with State Bank of _____ 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 issue
of SBI Card in my name.

PLEASE SIGN HERE

Signature of Primary Card Applicant

VI. MAKE YOUR SBI CARD WORK FOR YOU BY CHOOSING FROM AN EXCITING SUITE OF INSURANCE & OTHER PRODUCTS (OPTIONAL)

Product, Benefits & Applicable Charges	Declaration
<h3>Balance Transfer on EMI</h3> <p>The preferential rate of interest on the Transfer Amount will be levied as per the following plan:</p> <p>0% for 90 days</p> <p>[One time Processing fee of 3% or ₹300 (whichever is higher)]</p>	<p>Post issuance of an SBI Card to me, I wish to avail the Balance Transfer on EMI* facility. Kindly transfer the following amount to my other bank's Credit Card account as per the particulars mentioned below and charge the same against my SBI Card account. Notwithstanding any earlier instructions given by me, I hereby authorize SBI Card or any other person on their behalf to call me with reference to this request.</p> <p>Other Bank's Credit Card No.</p> <p>_____</p> <p>Card Issuing Bank</p> <p>_____</p> <p>Amount to be transferred (₹) (Please refer to terms given below)</p> <p>_____</p> <p>Amount in words (₹)</p> <p>*Terms: Transfer Amount is subject to a minimum of ₹5,000 and maximum of 75% of your SBI Card's available credit limit, but shall not exceed the outstanding balance on the other card account (the disbursed BT amount may vary from the requested amount depending on the available credit limit). Final booking would be made post telephonic confirmation. For detailed terms & conditions, visit sbicard.com</p> <p>Consent to Apply (Primary Card Applicant's Signature)</p> <p>_____</p> <p>PLEASE SIGN HERE X</p>
<h3>Additional Card Request</h3> <p>SBI Supplementary Card is available at No Extra Cost.</p> <h4>Add-on Card 1</h4> <h4>Add-on Card 2</h4>	<p>Please issue the additional card to my following family member:</p> <p>Relationship with me <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Son/Daughter (above 18 years)</p> <p><input type="checkbox"/> Brother/Sister (above 18 years)</p> <p>Name as I would like it on the card (max. 19 letters)</p> <p>_____</p> <p>Date of Birth _____ Gender _____</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Consent to Apply (Primary Card Applicant's Signature)</p> <p>_____</p> <p>PLEASE SIGN HERE X</p> <p>Please issue the additional card to my following family member:</p> <p>Relationship with me <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Son/Daughter (above 18 years)</p> <p><input type="checkbox"/> Brother/Sister (above 18 years)</p> <p>Name as I would like it on the card (max. 19 letters)</p> <p>_____</p> <p>Date of Birth _____ Gender _____</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Consent to Apply (Primary Card Applicant's Signature)</p> <p>_____</p> <p>PLEASE SIGN HERE X</p>
<h3>Group Personal Accident Policy – ₹10 Lakh Cover (Optional)</h3> <p>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:</p> <ul style="list-style-type: none"> • Accidental death • Permanent total disablement <p>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.</p>	<p>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 authorised 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 authorise 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 Group Personal Accident Policy 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 hereby agree to enroll myself under Group Personal Accident Policy. I authorise Royal Sundaram General Insurance Co. Limited</p>

to debit my SBI Credit Card towards payment of premium for Group Personal Accident Policy. 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.

Annual Charge/Premium of ₹483 only (Inclusive of taxes)

Place _____

Please Sign only if you are opting for Group Personal Accident Policy

Consent to Apply
(Primary Card Applicant's Signature)

PLEASE SIGN HERE X

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 _____

Consent to Apply
(Primary Card Applicant's Signature)

PLEASE SIGN HERE X

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 insurance part of the fraud protection cover under the product is underwritten by Royal Sundaram General Insurance Co. Limited

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.

(Primary Card Applicant's Signature)

PLEASE SIGN HERE

X

VII. CUSTOMER DECLARATION (IMPORTANT: PLEASE READ BEFORE SIGNING)

I, holder of Aadhar number [_____] , hereby give my consent to SBI Card to obtain my Aadhar number, name and fingerprint /iris for authentication/e-KYC with UIDAI . I have been informed by SBI Card, that my aforesaid information will only be used for 'Card Application/ KYC' process. The biometrics will not be stored/shared with anyone else, apart from being submitted to CIDR for authentication/e-KYC process.

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 am agreeing to:

Receiving important marketing related communication from SBI Card

☐ Yes ☐ No

I understand and undertake that the usage of the International Credit Card(s) shall be strictly in accordance with the exchange control regulations of the regulatory authorities as applicable from time to time which I undertake as my responsibility to keep myself updated of and in the event of any failure to do so, I will be liable for action under the Foreign Exchange Management Act, 1999 or its statutory modification or re-enactment thereof.

I hereby confirm and declare that:

I have read and understood the contents of this SBI Credit Card application form and the attached Most Important Document 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 the MITC (Most Important Terms & Conditions) along with the application form and have read all details in it. The MITC provided is in English language and I am fully conversant with English to understand the MITC. Further, I request SBI Card to provide any information with regard to SBI Card in English language. I am aware that the MITC is available for reference on the SBI Card website, sbicard.com

I understand, agree and concur that all the documents filled, consented and signed by me are to be read concurrently and that all these documents signed in parts taken together constitute one application form for an SBI Credit Card in accordance with all the specific terms contained therein.

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.

I hereby authorise/do not authorise sharing of any of my information for the purposes of operation of the card, marketing and offering of various products and services of SBICPSL or any of the product(s) of its group companies, subsidiaries, affiliates, associates of cobrand partner.

Notwithstanding any earlier instructions given by me, I hereby authorise SBICPSL and Cobrand Card Partner to send me SMS alerts on marketing/account related information on my mobile phone number. All documents submitted in support of the application shall become the sole and absolute property of SBICPSL.

Place _____ Date | D | D | | M | M | | Y | Y | Y | Y |

PLEASE SIGN HERE

✓

Signature of Primary Card Applicant

FAMILY HEALTH FLOATER – ENROLMENT FORM

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						

Proposer can consider undermentioned relationship for declaring as Adult: Self, Spouse, Father, Mother

Occupation _____ Nominee Name _____ Relationship _____

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.

☐ **Renewal Facility:** (Please tick this if you want to opt for hassle-free renewal year after year). Yes, if my proposal is accepted by Royal Sundaram General Insurance Co. Limited, I would like the policy to be renewed every time it is due for renewal, provided I am eligible for the same and my **SBI Card** is valid.

Please sign here only if you are opting for Family Health Floater →

Signature of Primary Card Applicant **X**

I authorise you to charge my **SBI Card** with the premium applicable as per my family size, plan and period of insurance opted.

Declaration: 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 authorised 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 anytime 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 authorise 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 also declare that none of them suffer from any pre-existing conditions and that 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 first four years of insurance. I understand that I am eligible for applying for Family Health Floater policy subject to the approval of my application for issuance of SBI Card. I agree that the insurance benefit available to me as a cardmember 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 hereby agree to enrol myself and/or my dependents with Royal Sundaram's Family Health Floater policy. I authorise the concerned Third Party Administrator of Royal Sundaram General Insurance Co. Limited to process claim. I authorise Royal Sundaram General Insurance Co. Limited to debit my SBI Credit Card towards payment of premium for Family Health Floater policy. I authorise 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 the sole discretion of the insurance company and policy shall become effective from the date of actual receipt of premium by Royal Sundaram General Insurance Co. Limited.

Family Health Floater

Premium Chart for One Year (Inclusive of 14% Service tax, 0.5% Swachh Bharat Cess & 0.5% Krishi Kalyan Cess w.e.f. 01.06.2016). 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"/> 1665	<input type="checkbox"/> 2108	<input type="checkbox"/> 4036	<input type="checkbox"/> 5102	<input type="checkbox"/> 6123
	<input type="checkbox"/> ₹2 Lakh	<input type="checkbox"/> 2175	<input type="checkbox"/> 2755	<input type="checkbox"/> 5275	<input type="checkbox"/> 6670	<input type="checkbox"/> 8003
	<input type="checkbox"/> ₹3 Lakh	<input type="checkbox"/> 2506	<input type="checkbox"/> 3041	<input type="checkbox"/> 5856	<input type="checkbox"/> 7407	<input type="checkbox"/> 8889
2 Adults	<input type="checkbox"/> ₹2 Lakh	<input type="checkbox"/> 3631	<input type="checkbox"/> 4599	<input type="checkbox"/> 8802	<input type="checkbox"/> 11129	<input type="checkbox"/> 13356
	<input type="checkbox"/> ₹3 Lakh	<input type="checkbox"/> 4181	<input type="checkbox"/> 5076	<input type="checkbox"/> 9773	<input type="checkbox"/> 12361	<input type="checkbox"/> 14833
2 Adults + 1 Child	<input type="checkbox"/> ₹2 Lakh	<input type="checkbox"/> 4683	<input type="checkbox"/> 5650	<input type="checkbox"/> 9874	<input type="checkbox"/> 12233	<input type="checkbox"/> 14679
	<input type="checkbox"/> ₹3 Lakh	<input type="checkbox"/> 5397	<input type="checkbox"/> 6333	<input type="checkbox"/> 11015	<input type="checkbox"/> 13719	<input type="checkbox"/> 16461
2 Adults + 2 Children	<input type="checkbox"/> ₹2 Lakh	<input type="checkbox"/> 5736	<input type="checkbox"/> 6753	<input type="checkbox"/> 11025	<input type="checkbox"/> 13366	<input type="checkbox"/> 16042
	<input type="checkbox"/> ₹3 Lakh	<input type="checkbox"/> 6662	<input type="checkbox"/> 7547	<input type="checkbox"/> 12331	<input type="checkbox"/> 14960	<input type="checkbox"/> 17954

*Any change in service tax by notification of government will have an impending effect on premium.

Family Health Floater insurance is available for self, spouse and dependent children (aged between 91 days and 21 years) and dependent parents. It is not mandatory to enrol self into the plan.

- The Premium slab is applicable as per the highest age in the family • At the time of renewal, if the age band changes, the premium will be increased and if expiring policy has a claim then the renewal premium will be loaded as per terms and conditions • The premium quoted currently is subject to a hike of up to 40% in future. However, any hike above 40% will be done only with specific approval from the Insurance Regulator (IRDA) • Change in sum insured during renewal is subject to approval from Royal Sundaram General Insurance Co. Limited • Any changes in terms and conditions will be informed in writing to the policyholder 90 days prior to renewal

Disclosure: 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

Fill in capital letters only.

Credit Cardmember's Name (Mr./Ms.)*

E-mail ID*

Phone _____ Mobile No.* _____

EasyBillPay Services							
Utility Services	Name of the Biller	City	Detail 1	Detail 2	Detail 3	Detail 4	If Third Party
Mobile Co. 1			Mobile No.	Cust. A/c No.	Autopay Limit#		
Mobile Co. 2			Mobile No.	Cust. A/c No.	Autopay Limit#		
Mobile Co. 3			Mobile No.	Cust. A/c No.	Autopay Limit#		
Insurance Co. 1			Policy No.	Policyholder Name	Premium Amount		
Insurance Co. 2			Policy No.	Policyholder Name	Premium Amount		
Insurance Co. 3			Policy No.	Policyholder Name	Premium Amount		
Electricity			Billing Unit No.	Billing Cycle No.	Autopay Limit#		
Gas			Consumer No./ BP No.	Meter No.	Autopay Limit#		
Water			Account No.	Autopay Limit#			
Telephone			Tel No.	Cust. A/c No.	Autopay Limit#		

*Mandatory field. To be the same as in the main application form. #To set a max. limit of payment that can be made towards the billing company.

Your utility bill payment will be processed subject to your utility company/ service provider raising the bill for payment with SBI Card.

1. Please provide a copy of the latest bill (any of the last three bills received from your utility company) for each utility company opted above to enable us to verify the customer account details. For additional billers, please provide above details on a separate sheet, sign it and attach it with the form.
2. Only duly completed forms will be accepted.
3. Continue making bill payments towards the above mentioned bill outstandings until you receive an AutoPay activation confirmation through e-mail/ SMS/ letter.
4. Only bills dated after activation date will be paid.
5. I understand that SBI Card is not responsible or liable for any service and/ or billing deficiencies/ or inadequacies of utility companies as the case may be.
6. I hereby affirm that I am liable to honour all my Credit Card commitments irrespective of any grievances/ complaints I may have with utility companies.
7. I agree to resolve disputes (if any) of whatsoever nature directly with the utility company and will not hold SBI Card liable for any deficiency in services provided by the utility company.
8. Payment to the registered biller will be made only when we receive the bill from the Biller. In case of failure in receiving the Bill from Biller, SBI Card won't be liable for non-payment.

I hereby declare that the above information is **correct** and **request** that EasyBillPay facility be provided to me. I acknowledge that I have **read, understood** and **agree** to be bound by the EasyBillPay terms and conditions that are currently in effect and as may be amended from time to time.

Signature of Cardmember _____

Date _____

THIRD PARTY DECLARATION FOR UTILITY PAYMENTS THROUGH EASYBILLPAY

Total number of third party bills to be registered

I, _____, declare that I wish to pay mobile/ telephone/ insurance/ electricity/ gas/ water bills for other consumers as per details mentioned above and I willingly agree and accept that my SBI Card be debited periodically whenever an invoice is raised by the utility company for the above mentioned third party bills. I agree and accept to the terms and conditions of EasyBillPay. I understand that these terms and conditions will be over and above the cardmember agreement.

Thank you.

Cardmember signature: _____

Date: _____

TERMS AND CONDITIONS

I/We agree to be bound by the terms and conditions as stated below:

- The term "Utility Company" or "Biller" shall mean a company, organisation or entity that sends a Bill, statement or invoice, usually a request for payment for a product or service to the customer.
- EasyBillPay service is available for select billers in select cities.
- The said services will be available to the credit cardholders registered for this service and to the exclusion of all others.
- The cardholder agrees that he/she would enter the Bill details correctly in the designated fields on the application form, if entered incorrectly it will not be the responsibility of SBI Card, and any further disputes are to be settled with the utility company directly by the cardholder. It is specifically stipulated that all liability shall be on the cardholder in case of any incorrect entry and SBI Card shall not be responsible whether directly, indirectly, incidentally or consequentially for any such acts of the cardholder.
- The cardholder shall take precaution to ensure that no double payment is made from his end for the same bill.
- SBI Card will not bear the responsibility of late payment made by the cardholder.
- The cardholder should ensure that he/she receives a confirmation for the payment made by him/her through this facility. Any non-confirmation of the transaction, SBI Card shall not be responsible and liable and accordingly no payments shall be made to the utility company.
- Notwithstanding any other terms, it is stipulated that processing of all the payments is subject to the availability of free, clear and available limits in the cardholder's SBI Credit Card Account at the time of processing the transaction. In the event of credit limits not being available, cardholder will receive a payment failed report.
- In all situations where the cardholder's services are discontinued/disrupted due to any acts of the utility company, governmental orders and any other related matter, SBI Card shall not be responsible and/or liable for the same and the cardholder shall be solely responsible and liable to settle such matters with its utility company and/or statutory authority.
- The cardholder indemnifies SBI Card from and against all actions, suits, claims, liabilities and proceedings due to or arising out of any or all disputes between the cardholder and utility companies or by reason of SBI Card acting in good faith and bonafide belief.
- SBI Card will endeavour to effect payments/carry-out instructions received by it within bill due date. However, SBI Card does not warrant that payment/fulfilment of instructions will not be delayed for reasons beyond its control including any default on the part of the service provider. As the instructions would depend on various electronic technology used from time to time, there could be delays in receipt of any instructions by SBI Card from the cardholder and by the provider of utilities/services. For all such delays, the service provider of such services shall be responsible and liable being the owner and administrator of these services.
- This service is available only for individual cardholders and not corporate cardholders.
- It is clarified here that a cardholder statement is adequate and conclusive proof that such payment was made to the utility company.
- SBI Card is not in any manner party to the contracts that may be executed between the cardholder and the providers of such utilities/services. The providers of utilities/services shall be solely responsible to the cardholder to render the utilities/services for which payment is to be made by SBI Card and SBI Card shall not be responsible/liable for any deficiency in the same including, but not limited to, deficient quality, delivery, quantity etc., and shall not be made party to any disputes between the cardholder and any providers of utilities/services.
- The cardholder shall not hold SBI Card liable for any non-service, delayed service or faulty service rendered by the provider of utilities/services and shall not contact or communicate in any manner whatsoever, inter alia, by electronic mail, phone, post, SMS or personal meeting with SBI Card in this regard.
- SBI Card will not accept any cancellation request by the cardholder if the payment transaction has been authorised on his card account and payment has been accepted by the biller. Any disputes will have to be settled by the cardholder directly with the biller.
- Nothing contained herein shall prejudice or affect the Card terms and conditions. The terms of these services shall be in addition to and not in derogation of the terms contained in the Card terms & conditions booklet.
- Nothing contained in the said services shall be construed as binding obligation on SBI Card or any participating utility company to continue the services after the services are terminated.
- SBI Card reserves the right to charge and recover from the Cardholder, fees for availing the service, which may be altered with prior intimation to the cardholder.
- SBI Card shall have the right to revoke and/or discontinue this service to certain cardholders if it has reason and/or reasonable apprehension to believe that such continuing of this service shall gravely prejudice the commercial situation of SBI Card. Such a determination by SBI Card shall be at its sole and absolute discretion with reference to its cardholders.
- All disputes and differences arising out and in connection with this service shall be subject to arbitration under The Arbitration and Conciliation Act, 1996 with any amendments thereof. The arbitration shall be conducted by a sole arbitrator appointed by SBICPSL. The place of arbitration shall be New Delhi and language of arbitration shall be English. The award passed by the arbitrator shall be final and binding on parties. Existence of a dispute/difference shall not constitute a claim against SBICPSL. Notwithstanding the foregoing, the courts in New Delhi shall have the exclusive jurisdiction to decide any matters related and connected to the instant terms.
- The said services will be effective subject to SBI Credit Card being valid and in good standing.
- No receipt will be given for bills paid through this facility. A cardholder statement is adequate proof that such payment was paid to the utility company.
- SBI Card may at its sole discretion accept or decline the said services by the utility company.
- SBI Card may from time to time change the utility companies for which the said services are extended.
- The record of charges in respect of the said services received or availed by cardholder and submitted by utility companies to cardholder's card account will neither bear my signature nor the imprint of my card. Cardholders therefore undertake to unconditionally honour and pay without demur, protest and contest all the said charges including interim charges booked by cardholder under the said services, as and when cardholder is billed for the same by SBI Card during the validity period of his card and subsequent renewals thereof.
- SBI Card reserves the right to approve/reject the registration forms without assigning any reason whatsoever.
- SBI Card reserves the right to revoke/stop this facility if the credit behaviour on the card is unsatisfactory.
- This facility is available only for utility bills pertaining to residential uses. No commercial utility bills will be paid under this scheme.
- No receipt will be given for bills paid through this facility. A cardholder statement is adequate proof that such payment was paid to the utility company.
- SBI Card neither endorses the utilities/services offered, nor is it in any manner party to the contracts that may be executed between the cardholder and the providers of such utilities/services.
- I confirm that the utility bills enclosed are photocopies of the original bills and that these utilities are used only for residential purpose. I understand that SBI Card is not responsible or liable for any service and/or billing deficiencies or inadequacies of utility companies as the case may be. Furthermore, I affirm that I am liable to honour all my credit card commitments irrespective of any grievances/complaints I may have with utility companies. I will continue making payments towards the utility bill outstanding until I receive an SMS/e-mail/letter confirmation from SBI Card indicating that my EasyBillPay facility has been activated along with effective date of activation. I agree to communicate termination of the facility to SBI Card in writing, failing which the payment made to the utility company will be construed as valid and binding on me. I agree to resolve disputes (if any) of whatsoever nature directly with the utility company and will not hold SBI Card liable for any deficiency of services provided by the utility company.
- It will be the responsibility of the cardholder to inform SBI Card in writing of any change or withdrawal of the EasyBillPay facility thus availed.
- Any disputes arising out of disconnection of the utility facility, penalty from government and late charges on instalment dues arising due to change/revocation of the facility will be the sole responsibility of the cardholder and the cardholder will not hold SBI Card responsible/liable for the same.

FOR OFFICIAL USE ONLY

WCP Application No.

☐ Approve

☐ Reject

BM Name

Br. Emp. Name

Br. Emp. Mobile No.

BRE Code

BM PF No.

Bank Employee PF Index No.

SE/TC Code

DOC Executive Code

Lead Reference Number

FEE Code

Card Type

Source Code

Promo Code

CSM Code

Branch Code

Is your customer a VIP customer? ☐ Yes ☐ No

Name of Sales Executive

Name of ASM

FCU Stamp

Signature (Sales Executive)

Signature (ASM)