

Permanent Residential Address (Same as above)

(Address line1)

(Address line2)

Landmark

City PIN Code Phone

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 Address Current Residential Address Office Address

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 Service (Private Sector Public Sector Government Sector)

Self-employed (Professional Businessman) Retired/ Pensioner Housewife Student

Designation Employee ID

Department Total Income p.a. (₹)

No. of years completed at current employment/business Medical Degree(s) as on Card
(Mandatory field for Doctors Card: Please mention up to 3 degrees, each separated by a comma)

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. Year of opening A/c (Approx.)

CIF No. (Only for SBI Account Holders) 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 / 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

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

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.

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.

I hereby give my consent to SBI Card for obtaining my KYC details from CERSAI CKYC portal and to receive information from Central KYC Registry through SMS/ Email on the above registered number/ email address

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I have read and understood that the contents of this SBI Credit Card application form shall be shared with Etihad Guest LLC for the processing of your "Etihad Guest SBI Card" and "Etihad Guest Membership.

Place _____ Date

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 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 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

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

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)

PLEASE SIGN HERE

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

PLEASE SIGN HERE

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

Place: _____

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.