



Welcome to the world of benefits.

FOR OFFICIAL USE ONLY

FORM NO.:

WCP Application No.   Approve  Reject

BM Name  BM PF No.   
 Br. Emp. Name  Br. Emp.   
 Mobile No.

SE/TC/ BRE Code  Bank Employee PF Index No.

DOC Executive Code  Lead Reference Number  FEE Code

Application Type  New  Update  KYC No.  Account Type  Normal  Simplified  Small

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)

**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):

- SBI Card ELITE  SBI Card PRIME  **SimplyCLICK** Card  **SimplySAVE** Card  Doctors SBI Card  
 Air India SBI Signature Card  Air India SBI Platinum Card  Please tick to opt for the Advantage variant  
 I am an existing Air India Flying Returns member. My Loyalty No. is



Please provide some basic information about yourself which will be used on your card and will help us with security checks in future.

Salutation  Mr.  Mrs.  Ms.  Dr.  Others

First Name  Middle Name  Surname

Maiden Name  Name as you would like it on the card

Date of Birth  Gender  Male  Female  Third Gender  Marital Status  Married  Single  Others

Spouse's Name  Mother's Name

Father's Name

Education  Class 10 or below  10+2  Graduate  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 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).

Nationality  IN-Indian  Others  ID Proof Type  Voter ID  Passport  Driving Licence  PAN Card  Aadhaar Card

I, hereby give my consent to SBI Card to obtain my Aadhaar Number/ Virtual ID, 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.

ID Proof No.  Aadhaar No.

II. YOUR RESIDENCE AND OFFICE

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

Residence Status  Resident  NRI  Foreign National  Person of Indian Origin

Current Residential Address

(Address line1)

(Address line2)

Landmark

City  PIN Code  No. of years completed at current residence

State

To check your application status, please log onto [sbicard.com](http://sbicard.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 Residential Address (Same as above)

(Address line1)
(Address line2)
Landmark
City PIN Code Phone
State

Address as on Aadhaar (Same as Current Address) (Same as Permanent Address)

(Address line1)
(Address line2) Street
Post office District
City PIN Code 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 Y Y
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 X
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.

Place Date D D M M Y Y

PLEASE SIGN HERE X
Signature of Primary Card Applicant

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.



Consent to Apply  
(Primary Cardholder's Signature)

PLEASE SIGN HERE X

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.

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.



Consent to Apply  
(Primary Cardholder's Signature)

PLEASE SIGN HERE X

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.

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

Family Health Floater	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
*Any change in Tax by notification of government will have an impending effect on premium.	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.