

APPLICATION FORM

IMPORTANT INSTRUCTIONS #

Form No. **S**

WCP Application No. _____

Approve ☐ Reject ☐

Please fill in the form in BLOCK LETTER and attach all relevant documents. Please complete all sections. Tick ☒ in boxes if applicable or ☐ if not applicable.

FOR OFFICIAL USE ONLY

Lead Reference No. _____ SE/TC Code _____ Doc Executive Code _____ Fee Code _____

Br. Emp. Name: _____ Br. Emp. Mobile: _____ BRE Code: _____

BM Name: _____ BM PF No: _____

Bank Employee PF Index No. _____

Branch Code

Source Code

Card Type

Promo Code

CSM Code

I want to apply for (please tick only one) ☐ SBI Signature Card ☐ SBI Platinum Card ☐ SBI Gold & More Card

I. MY PERSONAL DETAILS

My Name ☐ Mr.
☐ Ms.

First Name

Middle Name

Surname

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

Date of Birth

Gender ☐ Male ☐ Female

Marital Status ☐ Married ☐ Single

Education ☐ 10 or below ☐ 10+2 or below ☐ Graduate ☐ Post Graduate & above No. of Dependants _____

PAN No. _____

Mother's First Name _____

Father's Name _____

Current Residential Address _____

City _____ Pin Code _____

Land Mark _____

No. of years completed at Current Residence

Telephone _____

STD Code

(Please leave space between STD code and the Tel. No.)

Mobile _____

Second Phone/Fax _____

STD Code

(Please leave space between STD code and the Tel. No.)

E-mail ID* _____

(Your monthly SBI Card statement will be delivered to the above E-mail ID)

Permanent Residential Address _____

City _____ Pin Code _____

Telephone _____

STD Code

(Please leave space between STD code and the Tel. No.)

My Residence is ☐ Owned ☐ Rented

My Vehicle ☐ Car ☐ Two Wheeler ☐ Both ☐ None

ID Proof ☐ Voter ID ☐ Passport ☐ Driving Licence No. ☐ PAN Card (Please tick any one of the above.)

ID Proof No. _____

II. MY EMPLOYMENT DETAILS

I am ☐ Salaried ☐ Self-Employed ☐ Retired/Pensioner

My Designation _____ My Department _____

Employee ID _____ Total Income p.a. (in Rs.) _____

My Industry / Business ☐ IT ☐ Banking & Finance ☐ Government Service ☐ Consulting ☐ Telecom ☐ BPO/KPO ☐ Others (Please specify) _____

No. of years completed at: Current employment/business

Name of my company / firm _____

Office Address _____

City _____ Pin Code _____

Telephone _____

STD Code

(Please leave space between STD code and the Tel. No.)

Extn. _____

Second Phone/Fax _____

STD Code

(Please leave space between STD code and the Tel. No.)

Extn. _____

*In case you require a physical statement, please select delivery address ☐ Residence ☐ Office (Default delivery option will be E-mail ID)



FAMILY HEALTH FLOATER – ENROLLMENT 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 _____

SBICPSL is the corporate agent for Royal Sundaram Alliance Insurance Co. Ltd. Vide Corp. Agency License No. 2105154

I authorize you to charge my SBI Card with the premium applicable as per my family size, plan and period of insurance opted plus processing fee (as indicated as overleaf). Declaration: I declare that persons proposed are my family members and that they are not engaged in 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. All information given in this form on behalf of family members and myself is correct and true to the best of my knowledge and belief. I consent to the insurers to seek information from any hospital. This proposal shall form the basis of the contract of insurance. I agree that the insurance benefit available to me as a cardmember shall become voidable by Royal Sundaram Alliance Insurance Company Limited in the event of any untrue or incorrect statement or misrepresentation or nondisclosure of any particulars in this form or in the event of withholding any material information to obtain the insurance benefit. I also agree to provide photographs of all persons enrolled in the prescribed form. I hereby agree to enroll myself and/or my dependants to SBI Card Family Health Floater. I authorize M/s Medicare TPA Services Ltd. to process claim and receive reimbursement proceeds from Royal Sundaram Alliance Insurance Company Limited. I authorize Royal Sundaram to debit my SBI credit card towards payment of premium for Family Health Floater Plan. I understand that the policy would be issued to me subject to the approval of my application for SBI Card.

☐ Please tick if you want the Flexipay facility on the premium amount.

(Flexipay, the convenient, affordable and easy-to-pay monthly instalment plan. At a low rate of interest.)

☐ 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, 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.

Signature of Primary Card Applicant

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

III. MY BANKING RELATIONSHIP

Name of my 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.) No. of credit cards owned

Credit Card #1 : Card No.

Credit Card #2 : Card No.

IV. BALANCE TRANSFER (OPTIONAL)

Post issuance of an SBI Card to me, I wish to avail the Balance Transfer* facility on the terms set out herein. Kindly transfer the following amount (Transfer Amount) to my other Non-SBI credit card as per the particulars mentioned below and charge the same against my SBI Card Account.

Card issuing Bank: Amount to be transferred Rs. (Please refer to Point 1 in Terms given below.)

Credit Card No. Amount in Words Rs.

Terms: 1. Transfer Amount is subject to a minimum of Rs.5000 upto maximum of 75% of your SBI Card's available Credit Limit, but shall not be in excess of the outstanding balance on other card account (the disbursed BT amount may vary from the requested amount depending on the available credit limit). 2. The preferential rate of interest on the Transfer Amount will be levied as per the following plans: a) 0% p.m. for 60 days b) 1.7% p.m. for 6 months

*Conditions Apply. For detailed Terms & Conditions visit www.sbicard.com

PLEASE SIGN HERE

Signature of Primary Card Applicant

V. ADDITIONAL SBI CARD REQUEST (OPTIONAL)

Please issue the additional card to my following family member.

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

Name as I would like it on the card (max. 19 letters)

Date of Birth Gender ☐ Male ☐ Female

PLEASE SIGN HERE

Signature of Primary Card Applicant

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

I am agreeable to:

- ☐ Receiving marketing related communications from SBI Cards.
☐ Please allow international transactions on my credit card (i.e. e-commerce, ATM, Point of Sale).

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 responsibilities 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 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 regards to SBI Card in English language. I am aware that the MITC is available for reference on the SBI Card website www.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 a SBI credit card in accordance with all the specific terms contained therein.

I hereby authorize / do not authorize 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, affiliated, associates of co brand partner.

Notwithstanding any earlier instructions given by me, I hereby authorize SBICPSL 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.

I would like to be contacted through social media. Name of the social media platform where I would like to be contacted

My social media address

Connect with SBI cards on Twitter / SBI Card_Connect & Facebook / SBI Cards

Place Date

PLEASE SIGN HERE

Signature of Primary Card Applicant

VII. INSURE YOUR SELF AND YOUR CARD PAYMENTS (OPTIONAL)

☒ SBI Card Protection Plus Insurance Scheme : (To avail the benefits of Protection Plus Insurance Scheme all you need to do is sign below; and nominate a beneficiary)

Yes, I would like to take advantage of Protection Plus Insurance Scheme to protect my card payments and myself. I certify that I am between 18 and 64 years of age. I further declare that I am in good health, do not have any bodily defect or deformity and am not suffering from any serious illness. I do hereby agree that the above declaration shall be the basis of my admission to SBI Card Protection Plus Insurance Scheme and if found untrue or is misleading or any material information is withheld herefrom, no claim under this insurance coverage will be payable by SBI Life and RSA/SBI Cards to the extent this declaration is applicable to them. I authorize you to debit my card account with the relevant monthly charges* as under until further notice. I also understand that I can withdraw from the Scheme by giving a written notice. 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 SBI Life and RSA for the purpose of issuance and administration of the Protection Plus Insurance policy.

Monthly Charges: Personal Accident premium Rs. 24/-* and Suraksha Plus premium: 0.1% of total outstanding (Inclusive of service tax).

Please Sign here only if you are opting for Protection Plus Insurance Scheme.

*(Service Tax extra, as applicable).

Place

Signature of Primary Card Applicant

SBICPSL is the composite agent for Royal Sundaram Alliance Insurance Co. Ltd. and SBI Life Insurance Co. Ltd. Vide Corp. Agency License No. 2105154.

VIII. NOMINATE A BENEFICIARY TO YOUR INSURANCE BENEFITS

I, do hereby assign the monies payable for the Insurance under Protection Plus Insurance Scheme and the Free Personal Accident Policy* by the respective insurers to my (relationship).

I further declare that his / her receipt shall be sufficient discharge to the Insurance Company.

Witness Name

*Free Personal Accident Policy is applicable only on IRCTC Card.

PLEASE SIGN HERE

Signature of Primary Card Applicant

IX. CARD PROTECTION PLAN (CPP is offered by CPP ASSISTANCE SERVICES (P) LTD.)

Benefits :
• One call to block all your lost cards
• Fraud protection*
• Emergency travel & hotel assistance
• Lost PAN card replacement
• Worldwide cover
• 24 hour helpline

Yes, I would like to know more about the Card Protection Plan (CPP). Notwithstanding any earlier instructions given by me, I hereby authorize 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 insurance part of the fraud protection cover under the product is underwritten by Royal Sundaram Alliance Insurance Co. Ltd.

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.

PLEASE SIGN HERE

Signature of Primary Card Applicant

FOR OFFICE USE ONLY

Name of ASM

PLEASE SIGN HERE

Signature of ASM

Name of NFTE

PLEASE SIGN HERE

Signature of NFTE

Premium Chart for One Year (Inclusive of 12.36% Service Tax). Please tick your preference.

Plan Details	1 Adult			2 Adults		2 Adults + 1 Child		2 Adults + 2 Children	
Age	1 Lac	2 Lac	3 Lac	2 Lac	3 Lac	2 Lac	3 Lac	2 Lac	3 Lac
Up to 35 yrs	<input type="checkbox"/> 1,627	<input type="checkbox"/> 2,126	<input type="checkbox"/> 2,448	<input type="checkbox"/> 3,547	<input type="checkbox"/> 4,085	<input type="checkbox"/> 4,577	<input type="checkbox"/> 5,274	<input type="checkbox"/> 5,604	<input type="checkbox"/> 6,509
Up to 45 Yrs	<input type="checkbox"/> 2,060	<input type="checkbox"/> 2,693	<input type="checkbox"/> 2,972	<input type="checkbox"/> 4,494	<input type="checkbox"/> 4,959	<input type="checkbox"/> 5,519	<input type="checkbox"/> 6,187	<input type="checkbox"/> 6,599	<input type="checkbox"/> 7,374
Up to 55 Yrs	<input type="checkbox"/> 3,943	<input type="checkbox"/> 5,154	<input type="checkbox"/> 5,722	<input type="checkbox"/> 8,600	<input type="checkbox"/> 9,549	<input type="checkbox"/> 9,647	<input type="checkbox"/> 10,761	<input type="checkbox"/> 10,772	<input type="checkbox"/> 12,048
Up to 60 Yrs	<input type="checkbox"/> 4,985	<input type="checkbox"/> 6,517	<input type="checkbox"/> 7,237	<input type="checkbox"/> 10,874	<input type="checkbox"/> 12,077	<input type="checkbox"/> 11,953	<input type="checkbox"/> 13,404	<input type="checkbox"/> 13,060	<input type="checkbox"/> 14,617
Up to 65 Yrs	<input type="checkbox"/> 5,982	<input type="checkbox"/> 7,819	<input type="checkbox"/> 8,684	<input type="checkbox"/> 13,049	<input type="checkbox"/> 14,493	<input type="checkbox"/> 14,341	<input type="checkbox"/> 16,082	<input type="checkbox"/> 15,673	<input type="checkbox"/> 17,542

*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 dependant children (aged between 91 days and 21 years) and dependant parents. It is not mandatory to enroll self into the plan. • 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 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 of Royal Sundaram Alliance Insurance Co. Ltd. • Any changes in Term and Conditions will be informed in writing to policyholder 90 days prior to renewal.