DhanlaxmiBank
established 1927

# CREDIT CARD APPLICATION FORM

For office use only
Form No.

Please fill the form in block letters only. (*Mandatory fields)

Channel Code | Sales Executive Code | Promo code

Pricing Code | Corporate ID | Customer ID | Date D D M M Y Y Y Y

## I wish to apply for:

### ☐ Gold

**Features#**

- Pay By Transaction
- 75 Days Credit Period
- Interest Charges 24% P.A
- Joining fee: ~~Rs. 499~~ Waived
- Annual fee: Rs. 1999
- Processing fee: Rs. ~~250~~ Waived

#subject to change

### ☐ Platinum

**Features#**

- Pay By Transaction
- Concierge service
- Priority Pass
- Interest Charges 18% P.A
- 75 Days Credit Period
- Joining fee: ~~Rs. 999~~ Waived
- Annual fee: Rs. 3999
- Processing fee: Rs. ~~500~~ Waived

## Personal Details

Please affix your latest passport size photograph & sign across the photograph & application.

Primary Applicant Name (Mr./Ms./Mrs.)* F I R S T M I D D L E L A S T

Name on card* (Maximum 19 characters)

Date of Birth* D D M M Y Y Y Y | Mother's Maiden Name* | Father's Name*

Photo Identity Document, any one*

PAN### ☐ | Driving License ☐ | Passport ☐

Voter ID Card ☐ | Employee ID** ☐ **Mandatory if salaried

Residence/Current Address* ☐ Same as address proof submitted

City | Pincode

State | Landmark*

Permanent Address

City | Pincode

State | Landmark

Personal E-mail address* | Landline Number Residence* | Personal Mobile Number*

Marital Status: ☐ Married ☐ Single

Gender: ☐ Male ☐ Female

No of Dependents ☐

Type of Residence ☐ Self owned, Please specify Market Value in Rs. _____(Lakhs) ☐ Rented ☐ Company Provided ☐ Leased Other _____

Vehicle ☐ Two wheeler Make _____ ☐ Four wheeler Make _____ Year of manufacture_____ Market value in Rs. _____ (Lakhs)

Current bank Bank Name _____ Bank Branch _____

Educational Qualification: ☐ Doctorate ☐ Post Graduate ☐ Professional Degree ☐ Graduate ☐ Matriculate ☐ Other

Resident Status: ☐ Resident Indian ☐ Non Resident Indian

## Work Details

Company Name* | Designation

Office Address*

City | Pincode

State | Landmark*

Official E-mail ID* (Mandatory for salaried A/c holder)

Office Contact Number: Board Line | Ext. | Direct Number | Office Mobile Number*

Applicant Category* ☐ Salaried ☐ Self Employed

Loan amount paid annually Rs. _____

| | | | | | | |
|---|---|---|---|---|---|---|
| Nature of Business | ☐ Manufacturing | ☐ Services | ☐ Agriculture | ☐ Trade | ☐ Other _____ | |
| Grade in the company | ☐ Clerk/Officer | ☐ Jr Mgmt. | ☐ Middle Mgmt. | ☐ Sr. Mgmt. | ☐ Owner | |
| Employer Type | ☐ Limited Company | ☐ Private Limited company | ☐ Partnership | ☐ Sole Proprietership | ☐ Society & Trust | ☐ Others |
| Employment Sector | ☐ MNC | ☐ Private Sector | ☐ Public Sector | ☐ State Government | ☐ Central Government | ☐ Others |
| Number of Years in Current Company | ☐ >10 | ☐ >7 | ☐ >5 | ☐ >3 | ☐ >1 | ☐ <1 |
| Total Work Experience | ☐ >15 | ☐ >10 | ☐ >5 | ☐ >3 | ☐ >1 | ☐ <1 |

## Instructions

Preferred Billing/Mailing/ Communication Address* ☐ Permanent ☐ Residence/Current ☐ Office Address

Preferred Email ID ☐ Personal ☐ Official

Preferred Mobile No. ☐ Personal ☐ Official (Email alerts and SMS alerts will be sent on your preferred email id/mobile no.)

Preferred mode of statement## ☐ E-mail ☐ Physical

Statement Content ☑ When & How Much to Pay? ☐ Transaction Break Up of Paid & to be paid ☐ Where did I spend by category ☐ Historic Spending Pattern

☐ Savings Plan ☐ Plan your rewards ☐ Spend Vs. Budget ☐ Informative Articles & Offers

Please enable billing type* ☐ Pay by Transaction ☐ Normal Billing

Email Alerts# ☐ Statement ☐ Transaction Mobile Alerts## ☐ Statement ☐ Transaction (*On bill amount above Rs. 2000/-)

If Pay by Transaction Billing,

Please specify default Payment due date* ☐☐ days (For Gold and platinum not greater than 75 days)

Enable Internet Banking Facility* ☐ Yes ☐ No

My preferred time & place of contact* ☐ Residence Time _____ ☐ Office Time _____ ☐ By Phone Time _____

##Mandatory for Pay by Transaction Billing Type.

## Add-on Cardholder

Please issue Add-on Card to my following family member.

Relationship with me ☐ Spouse ☐ Son ☐ Daughter ☐ Parent ☐ Brother/Sister Gender ☐ Male ☐ Female

Name of Add-on cardholder: Mr / Mrs/ Miss

F I R S T M I D D L E L A S T

Name on card*

(Maximum 19 characters)

I have submitted* ☐ Pan Card### ☐ Form 60### ☐ Address Proof ☐ Photograph ☐ Income Proof ☐ Photo Identity Proof

Date of birth of add-on cardholder*

D D M M Y Y Y Y

Signature of Primary Card applicant

Signature of Add-on Card applicant

Please affix your latest passport size photograph & sign across the photograph & application.

###Either PAN Card or Form 60 is mandatory; Please submit relevant photo ID proof alongwith Form 60.

## Nomination*

I hereby nominate the following person to receive the claim amount payable by the Insurance Company in the event of my death, after adjustment of credit card dues, if any. I further declare that the nominee's receipt shall be sufficient discharge to the Bank / Insurance Company.

Name of the nominee Mr/Mrs/Miss_____ Age_____ Relationship_____

Date of Birth of Nominee (in case of minor)

D D M M Y Y Y Y

Signature of Primary Card applicant

## Auto debit Instruction#

Please auto debit my dues on payment due date. ☐ Yes ☐ No (Mandatory for Pay by Transaction billing type)

I ---------- (name) unconditionally and irrevocably authorize the Dhanalakshmi Bank Ltd to debit my Savings/ Current account against either the minimum amount due / or total amount due/ or transaction amount due (strike out which is not applicable) as indicated in my credit card's monthly statement of charges on the payment due date.

I agree that if this request is delayed or denied because of incorrect information or incomplete information in this form or in my application form or for any other reason, I will not hold the Dhanalakshmi Bank Ltd responsible. I agree that my bank account will be debited for the amount mentioned above on the payment due date of my credit card account as indicated in the monthly statement of charges. I believe that the bank will by all means ensure that auto debit will be done as per the terms. In any case, if auto debit could not be done by the bank due to system failure or otherwise, it is my responsibility to keep sufficient balance in my account till the amount due on the credit card to the bank is fully paid. If my account does not have sufficient funds, I will be liable to pay late payment charges as indicated in the Credit Card Terms & Condition.

I promise not to close the account without written consent of the Dhanalakshmi Bank Ltd. I declare that if any transaction is delayed or not effected for any reason, I shall not hold the Dhanalakshmi Bank Ltd. responsible. I further agree that I shall inform my bank of these debits and that the auto debit instruction cannot be withdrawn/cancelled except with the written consent of the Dhanalakshmi Bank Ltd.

Account Number

Branch Name

Mode of Operation ☐ Single ☐ Joint ☐ Either

Signature of Primary Card applicant

## Applicant Declaration

I _____ hereby apply to The Dhanalakshmi Bank Limited ("DLB") for issue of a Credit Card in the name of the person mentioned herein above. I declare and undertake thatthe information furnished above is true, correct, and complete to the best of my knowledge and belief and that I have not withheld any information. I agree and authorize DLB to verify information furnished in this application and to receive and exchange information about me, including contacting and requesting reports from my Bank(s), employer, Credit information bureaus, references and any other source for verification and any other information required in respect of issuance of Credit Card. I agree and authorize DLB to disclose, form time to time, any information relating to my card including any default or payments to credit information bureau, Government, Income Tax department, financial institution, associate of DLB and to any third party engaged by DLB for the purposes, such as, administrative, marketing, verification, recovery or follow up of card dues etc. I undertake that primary cardholder will be liable for all card dues of primary and add-on credit card(s). The add on credit card holder (s) also accept/(s) liability for all card dues of primary and add on credit cards. I agree to be bound at all times by the terms and conditions of credit cardholder(s) issued from time to time. I confirm having read, understood and accept the Most Important Terms & Conditions (MITCs) issued in compliance of Reserve Bank of India (RBI) guidelines & Credit Card Terms & Conditions. I undertake to use credit cards strictly in accordance with relevant exchange control regulations issued and as amended by the RBI from time to time. In the event that I exceed my entitlements as per the exchange control regulations, I undertake to bring the same immediately to the notice of DLB in writing. It shall be my responsibility and I undertake to obtain necessary approval from the competent authority for excess foreign exchange spending and to ensure strict compliance of the prevailing exchange control regulations. Further, I also agree and understand that the onus of getting my passport endorsed for any charges incurred by me shall lie entirely on me. In the event of my failure to comply with the exchange control regulations in vogue from time to time, I shall be liable for any action under the Foreign Exchange Management Act as amended and be debarred from the Credit Card facility either at the instance of DLB or RBI. I also undertake not to utilize Credit Cards for the purpose restricted under RBI guidelines and specifically undertake not to utilize for lotteries, gambling etc., transactions.

I have submitted* ☐ Pan Card### ☐ Form 60### ☐ Address Proof* ☐ Photograph* ☐ Income Proof ☐ Photo Identity Proof

Date D D M M Y Y Y Y

###Either PAN Card or Form 60 is mandatory; Please submit relevant photo ID proof alongwith Form 60.

Primary Card applicant signature in black ink only

Add on Card applicant signature in black ink only

RA/CC/AOF/020710/VER3.0