

For quick processing of your application, please complete all sections in BLOCK LETTERS in boxes wherever appropriate and write N.A. if not applicable.

I/We wish to apply for CANARA CREDIT CARD: Principal Add-On Both

| | | | |
|----------------------|------------------------|---------------------|-------------------------------|
| 1. VISA CLASSIC | 2. MASTERCARD STANDARD | 3. RUPAY CLASSIC | 4. CANARA SECURED CREDIT CARD |
| 5. VISA GOLD | 6. MASTERCARD GOLD | 7. MASTERCARD WORLD | 8. RUPAY PLATINUM |
| 9. RUPAY SELECT CARD | 10. OTHERS | SPECIFY | |

Usage: Domestic International Both Preferred Mailing Address: Residential Office

Applicant's Information

Full Name:

Name to be embossed on Card (Not exceeding 19 letters)

Father's / Spouse Name:

Date of Birth: Age Years Nationality: Indian Non Resident Indian

Gender: Male Female Transgender For NRIs: Country Details

Marital Status: Unmarried Married No. of Dependents Identification Number of Country residing in

Educational Qualification: Under Graduate Graduate Post Graduate Others

University/Institution:

Present Residential Address:

City: Landmark Pin Code:

Landline (with STD Code): - State:

Permanent Address: If same as Present Residential:

City: Landmark Pin Code:

Landline (with STD Code): - State:

Aadhaar No : PAN No:

Passport No : Voter Id No (optional)

Mobile No : Alternate Mobile No:

Email ID :

Occupation Details:

Employment Status: Business Professional Self employed Salaried
Agriculturist Freelancer Others Specify

Employer Type: Govt. NGO Private Public

Name of the Organization/Employer:

Department/Section: Designation: Employee Code

Current position: Top Management Middle Management Junior Management Clerical

Office Address:

City: Landmark Pin Code:

Landline (with STD Code): - State:

Income: less than ₹2.5 Lacs ₹2.5 Lacs to ₹5 Lacs ₹5 Lacs to ₹10 Lacs Above ₹10 Lacs

Credit Card Limit Required: ₹ (In words:)"

For Canara secured credit card:
Type of Deposit: FD/KD Account No. Principal Amount

**Kindly Note: 1. Staff of Canara Bank to Submit "Letter of Authority/Undertaking from staff" along with application form.
2. NRI Customers to furnish both abroad & local address and respective contact numbers without fail.**

Details of Assets:

House: Owned Rented Ancestral Company Provided

Vehicle: Two Wheeler Four Wheeler

Details of Liabilities (if any):

| | Name of the Bank/Institution | Outstanding Loan Amount |
|---|------------------------------|-------------------------|
| Housing Loan <input type="checkbox"/> | | |
| Car Loan <input type="checkbox"/> | | |
| Personal Loan <input type="checkbox"/> | | |
| Any other Loan <input type="checkbox"/> | | |

Personal Association Details

Whether Applicant is related to Chairman/Director of our Bank / any other Bank, any employee of our Bank? Yes NO

If yes, please furnish details of relationship *

*Relationship means and includes spouse, father, mother (including step-mother), son, (including step-son), son's wife, daughter (including step-daughter), daughter's husband, brother (including step-brother), brother's wife, sister (including step-sister), sister's husband, brother (including step-brother) of the spouse, sister (including step-sister) of spouse.

Canara Bank Account Details

| Branch Name | Account No | Type of Account | Banking Since |
|-------------|------------|---|---------------|
| | | SB <input type="checkbox"/> CA <input type="checkbox"/> OD/OCC <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> | |

Existing Card Details (If any)

| Bank Name | Card No. | Valid up to | Limit/Outstanding liability |
|-----------|----------|-------------|-----------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Mandatory documents to be submitted

1. PAN

2. Aadhaar

If address in Aadhaar differs from the present address, any one of the following additional documents is to be submitted:

Driving License / Voter ID / Passport / Any Other:

3. Form 16 / Salary Certificate / Latest Balance Sheet / Income Tax Return / Any Other:

Mode of settlement:

Auto Debit for Canara Bank Customers: SB/CA/OD/OCC A/C No Branch.....

Auto Debit for NRI Customers: NRE/NRO A/C No Branch.....

Direct Billing for Non-customers: Cheque/DD NEFT Internet Banking

Your Bank Details: Bank Name Account No IFSC Code

Please permit me revolving facility, wherein I will be required to pay only 5% of the billed amount every month with the carried over balance attracting interest at rates as applicable from time to time.

Colour Photograph

| | | | | |
|--|---|---|---|---|
| Primary Applicant Please Paste Colour Photograph | Add-on 1 Please Paste Colour Photograph | Add-on 2 Please Paste Colour Photograph | Add-on 3 Please Paste Colour Photograph | Add-on 4 Please Paste Colour Photograph |
|--|---|---|---|---|

Add-On cards Required (Photo Identity and Address Proof Required)

Add-On cards i.e. those that are subsidiary to the principal card, may be issued with the clear understanding that the liability will be that of the principal cardholder. Similarly while issuing corporate credit cards, the responsibilities and liabilities of the corporate and its employees lies with main card i.e. Corporate account.

I request you to give add on cards to the following family members: (upto maximum 4 add-on cards)

Father Mother Spouse Son Daughter

| | Name of the Family Member | Date of Birth | Relationship | ID Proof | Limit Required | Signature of the Add-on cardholder |
|----|---------------------------|---------------|--------------|----------|----------------|------------------------------------|
| 1. | | DD/MM/YY | | | | |
| 2 | | DD/MM/YY | | | | |
| 3 | | DD/MM/YY | | | | |
| 4 | | DD/MM/YY | | | | |

Declaration

I hereby apply for Canara Bank Credit Card - Visa/MasterCard/RuPay and I declare that I am a resident/non-Resident Indian and that all the particulars and information I have furnished above are true and correct. I agree to inform that Bank, the changes, if any in the above said facts as and when they occur.

I agree to pay the annual fees and other charges that may be fixed / enhanced by the Bank from time to time. I undertake to settle in full all the dues arising from my Canara Credit Card issued to me and add on card/s that are issued/may be issued. I undertake to utilize the Canara credit card strictly in accordance with the exchange control regulation and understand that in the event of my failure to do so, I would be liable for action under FEMA Regulations and will also be debarred from international credit card facility at the instance of RBI or Canara Bank.

I, hereby, authorize you to inform the details of my transactions including default of payment that may occur to any of the credit card issuers, other banks, financial institutions or any other organization as the bank may deem fit without obtaining any further oral or written consent from me. I also authorize Canara Bank to entrust recovery of any dues under my Canara Credit Card - Visa/MasterCard/RuPay owing to my default to any recovery agent and expenses incurred in this regard shall be borne by me.

I understand that in terms of the Credit Information Companies (Regulation) Act,2005 the Bank is bound to provide information related to my credit history/repayment record to Credit Information company (specifically authorized by RBI).

I authorize the bank to exchange, share, part with all information related to my details and transaction history to its Affiliates/Banks/Financial Institutions/Credit Bureaus/Agencies/participation in any telecommunication or electronic network as may be required by law, customary practice, credit reporting, statistical analysis and credit scoring, verification or risk management and shall not hold Canara Bank liable for use or disclosure of this information.

I authorize Canara Bank to make use of the personal information provided by me at the time of applying for this Credit Card on a need to know basis to deliver better service to the customers. The Bank may use and share the information provided by me with its affiliates and third parties for providing services and any service related activities such as collecting subscription fees for such services and notifying or contacting the Customers regarding any problem with or the expiration of such services. In this regard it may be necessary to disclose the customers' information to one or more agents and contractors of the Bank and their sub contractors but such agents, contractors and sub contractors shall be required to use the information for these purposes only.

I undertake to use the card for transactions permitted by GoI/RBI only.

I, hereby, declare that I have maintained NRE/NRO rupee account in the Bank. I'm Indian passport holder. If I cease to be an Indian passport holder, I will surrender the card to the Bank. (Only for NRI customers)

I declare that I have read and understood the terms & conditions governing Canara Credit Card and I am agreeable to and bound by them. I agree and understand that issuance of Credit Card is the sole discretion of Canara Bank and the Bank reserves the right to reject my application without assigning any reason.

Place:

Date:

Signature of the Applicant

ASSIGNMENT / NOMINATION FOR CARDHOLDER INSURANCE

Ido hereby assign the money payable by the concerned Insurance company in the event of my death due to accident to who is my I hereby authorize Canara Bank to adjust the Card Division Visa/MasterCard/RuPay card dues if any from the insurance claims settled. I further declare that the nominee's receipt shall be sufficient proof of discharge to the concerned insurance company.

I am aware that the role of Card Division under Cancare Insurance would be purely to facilitate the payment of premium on my behalf as a compliment and that the onus of making valid claim with the Insurance Co. lies on the nominee/legal heir of the cardholder. Canara Bank will not have any responsibility in the matter of settlement of the claims or make any representation on claim being processed with the Insurance Company.

Place:

Date:

Signature of the Applicant

Signature of witness:

Name & address of the witness

Place:

Date:

For Office use Only

Inward Number: _____ Master Number _____
 Application Sourced By: Name _____ Designation _____ Staff Number _____

List of documents to be mandatorily enclosed by applicant

1. Copy of PAN Card 3. Income Proof (Specify)
 2. Copy of Aadhaar Card 4. Latest address Proof (Specify)
 Verified with Originals:

In case of Canara secured credit card, Lien marking done by: Maker Checker

Ledger Balance of FD/KD _____

List of documents to be mandatorily enclosed by applicant

| | |
|--|-----------------------------|
| Verification & Sanction Report by Canara Bank: | |
| Branch Name: | Branch DP Code: |
| Is Applicant Canara Bank Customer: | If yes, then Banking Since: |
| Annual Gross Income: | |
| Limit sought for: | |
| CKYC ID of the Applicant: | |
| Name of Credit Information Company 1: | Credit Score 1: |
| Name of Credit Information Company 2: | Credit Score 2: |
| Limit Recommended: | Limit Sanctioned: |

Sanction: Add-on Cards

| | Cards | Issued On | Valid Upto | Id Proof |
|-------------------|----------------------|----------------------|----------------------|----------|
| Main Card | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Add-on Card No. 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Add-on Card No. 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Add-on Card No. 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Add-on Card No. 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

| |
|-------------------------------------|
| Recommended By: |
| Branch / RO / CO |
| |
| Signature of Recommending Authority |
| Name |
| S.P. Number |
| Designation |

| |
|------------------------------------|
| Sanctioned By: |
| Branch / RO / CO / HO |
| |
| Signature of Sanctioning Authority |
| Name |
| S.P. Number |
| Designation |

Submitted for Review to: RO/CO/HO (as per delegation of powers)

Views/Observation of Reviewing Authority: RO / CO / HO

Signature of Reviewing Authority
Name:
S.P. Number:
Designation: