ID-229

LIC CARDS SERVICES LTD.

(Regd. Office : 6th Floor, Jeevan Prakash
25, K.G. Marg, New Delhi - 110001)
www.liccards.com
Toll Free No. - 1800 22 3033

Date Stamp

Application Serial No. : W00000017124

Application Form for Credit Card

Instructions:
1. Please fill in all columns with required details in BLOCK LETTERS.
2. Absence of mandatory information may result in rejection of application. Tick ☐ boxes where appropriate and write N.A. if not applicable.
3. Submit all documents as requested at the end of the application form.
4. Most Important Terms & Conditions (MITC) is available at LIC CSL office and published in our website http://www.liccards.com

Paste recent colour passport size Photograph. Do not Staple

Please sign here in Black Ink➡

Personal Information (Fields marked with * are mandatory)

1. *Name : Mr./Mrs./Ms. (First Name / Middle Name / Last Name)
2. *Name to be embossed on the Card : (Max. 19 Characters)
3. *Date of Birth : 4. *Sex : Male ☐ Female ☐ 5. *Nationality
6. *Legal Status : Resident ☐ NRI ☐ PIO ☐ 7. Marital Status : Single ☐ Married ☐ No. of Dependents ☐
8. *PAN No.: 9. Passport No.:
10. Voter's ID: 11. Driving License No.
12. * Vehicle : 2 wheeler ☐ 4 wheeler ☐ None ☐
13. *Mother's Maiden Name:
14. *Name of Nominee (for insurance facility)
    * Relationship with Applicant

Employment Details (All fields are mandatory)

15. Occupation : Salaried ☐ Self Employed ☐ Professional ☐ Retired ☐ Housewife ☐ Others ☐
16. If Salaried, employed with : Govt. ☐ PSU ☐ MNC ☐ Private ☐ Partnership ☐ Others ☐
17. Designation:.....Employed for.....yrs. Confirmed in service: Yes ☐ No ☐
18. If Self employed, field of activities : CA ☐ Doctor ☐ Lawyer ☐ Consultant ☐ Engineer ☐ Others ☐ **No. of years**.....
19. a) If LIC staff, S.R. No. year of Joining .....present place of posting .....
    b) If LIC Agent, Agency Code No. Branch attached..... **Agency Since :**.....

Address (All fields are mandatory)

20. Present Residential Address

City

State * PIN

(Please attach proof of this address)

21. **Type of Present Residence : Owned by Self / Spouse** ☐ **Family Owned** ☐ **Rented** ☐ **Company leased or Quarters** ☐

22. Permanent Residential Address (Only if different from present Residential Address)

City

State * PIN

23. Office Address

City

State * PIN

Contact Details

24. Telephone No. Residence : (STD) Office : (STD)

Mobile No./s.:

E-mail ID :..... Alternate E-mail ID :.....

Do you wish to avail the facility of mobile alerts on your above mobile number : Yes ☐ No ☐

Do You wish to avail the facility of receiving statements/other information by e-mail : Yes ☐ No ☐

I understand that the alert facility will enable me to receive customer alert messages with respect to events/transactions relating to my Credit Card/LIC Policy or Information/Promotional Material thereon, over my mobile Phone or through e-mail. I agree to abide by the terms and conditions of LIC Cards Services Ltd. In this regard, I undertake to keep LIC CSL informed whenever there is any change in the e-mail ID or Mobile Phone in future.

Add on Card (fill-in if required)

25. Add on (i) Name of Applicant: Date of Birth

Relationship: ☐ Spouse ☐ Parents ☐ Siblings ☐ Children (Above 18 years)

26. Add on (ii) Name of Applicant: Date of Birth

Relationship: ☐ Spouse ☐ Parents ☐ Siblings ☐ Children (Above 18 years)

Signature of the add-on card holder in black ink 1.	Paste recent colour Stamp size Photograph. Do not Staple	Signature of the add-on card holder in black ink 2.	Paste recent colour Stamp size Photograph. Do not Staple

Other Credit Card Details

Card No.	Issued by	Silver/Gold/Platinum	Credit Limit

Financial Information (All fields are mandatory)

28. a. Salaried applicants please provide the following details:

Gross monthly income.....Other income.....Deductions.....Net monthly income.....

b. Other than salaried applicants please provide the following details:

Gross monthly income.....Other income.....Deductions.....Net monthly income.....

Settlement Instructions (All fields are mandatory)

29. Send Statement of Account to: Office Address ☐ Present Residential Address ☐

30. Do you want to avail Auto Debit facility on your CorpBank account (for Corpbank customer only) YES ☐ NO ☐

If yes, A/c Type.....A/c No.:.....with Branch.....Branch Code ☐☐☐☐ City.....

31. Amount to be debited: Full Amount Due ☐ Minimum Amount Due ☐

Documents Furnished (All fields are mandatory) Only Latest Documents should be submitted

32. Proof of residence: Telephone Bill ☐ Passport ☐ License ☐ Voter ID ☐ Company Letter ☐ Electricity Bill ☐

33. Proof of income : **For Salaried employees** : Salary Slip ☐ Salary Certificate ☐ **For Others :** IT Returns ☐ F 16 ☐

34. PAN Card ☐

DETAILS OF LIC POLICIES

The nine digit policy number is to be given. In case of lesser digit numbers, zeroes may be prefixed.

S. No.	Policy number*	Date of Commencement	Name of the insured	Relationship with cardholder	Sum Assured	Instalment Premium Amount	Monthly/ Qrly Hyly/Yrly	Whether wish to pay premium through LIC card (tick appropriate column)	
								Yes	No

Note : If you want that whenever the premium of a policy falls due it should be paid automatically by charging it to your LIC Credit Card, please tick the column "Yes" in respect of that policy otherwise tick "No"

* In case, more than 10 policies, please give details in a separate annexure, duly signed/authenticated.
* Mandate for premium payment through LIC card cannot be accepted in case of ULIP policies, Policies with monthly/SSS mode and lapsed policies.

Declaration

I, hereby declare that the particulars given above are correct and complete. I express my willingness to remit the premium/s referred to above through LIC card. I, hereby authorise Corporation Bank to remit the premia of my LIC policies as per my mandate given above, 5 days before the end of grace period in each case. If any transaction is delayed or not effected at all for the reasons of incomplete or incorrect information or non-availability of credit on the LIC credit card, I would not hold LIC, LICCSL or Corporation Bank responsible.
I understand that the process of remittance of premium through the LIC card would start only after confirmation or registration of policy details by LIC and the same will be intimated to me. In the meantime, I would continue to pay the premia on my policies.

I/We hereby declare that I/We have personally read and understood the terms and conditions governing the issue and usage of the credit card. I/We verify that contents stated in the above Application are true to the best of my/our knowledge. I/We hereby authorize the LIC CSL and/or its associates to verify any information provided in the application Form at any given time. I/We also confirm that I/We shall inform the LIC CSL of any change in the information mentioned above. I/We agree that the card will be issued to me/us upon the prevailing terms & conditions (Subject to change from time to time) of the card member agreement. I, as the applicant of the Primary Card, shall be liable for all charges incurred on the Primary Card and all add-on cards. I/We agree to pay the membership/annual fees and other charges which will be fixed from time to time. I hereby authorise LIC CSL to share my credit information with CIBIL or any statutory authority as deemed fit.

Place :
Date :

.....
Signature

Declaration by LIC CSL sales representative

I hereby declare that this Application Form has been filled in my presence. I certify that address furnished by the Applicant is verified by me and is true to the best of my knowledge. I further certify that the LIC Policy Details as furnished above are correct and the policies are in force. I recomend for favourable consideration.

*LIC CSL Rep. Code No.

NAME OF THE REPRESENTATIVE WITH STAMP & ADDRESS :

....
Signature Date

Mobile No. :

For Office Use : Sanctioned for Card Limit of Rs.....Gold/Classic
For Corporation Bank

Chief Manager / Asst. Gen. Manager
LIC Card Centre: New Delhi