IDBI BANK

Application Number
Bar Code

IDBI Bank Add-on Credit Card Application Form

*Information is mandatorily required in the fields marked with asterisk (*) ** A self-attested copy of proof of residential address is to be provided

1. (Liability of the Supplementary Credit Card will be on the Primary Card Member)
2. Add-on Card can be issued to family members (over 18 years of age) of the Primary Card Member

Credit Card Number*:

Name of Primary Card Holder*: Mr. Mrs. Ms. Dr.

Add-on Card Applicant Details

Applicant 1:

Primary Applicant

Recent Passport size photo

Signature Across

Name of Applicant*: Mr. Mrs. Ms. Dr.

Name as desired on card*:

Gender*: Male Female **Date of Birth*:** D D M M Y Y Y Y

Relationship to Primary Card Holder*: Spouse Parent Sibling Child

ID Proof *: Voter ID Passport Driving License PAN Card Adhaar Card Others

ID Proof No*:

Address Proof:** Electricity / Telephone bill Election Card Passport Driving Licence Aadhar
Others (Please specify)

Add-on Card applicant's mobile number*:

Add-on Card applicant's email ID*:

Applicant 2:

Secondary Applicant

Recent Passport size photo

Signature Across

Name of Applicant*: Mr. Mrs. Ms. Dr.

Name as desired on card*:

Gender*: Male Female **Date of Birth*:** D D M M Y Y Y Y

Relationship to Primary Card Holder*: Spouse Parent Sibling Child

ID Proof *: Voter ID Passport Driving License PAN Card Adhaar Card Others

ID Proof No*:

Address Proof:** Electricity / Telephone bill Election Card Passport Driving Licence Aadhar
Others (Please specify)

Add-on Card applicant's mobile number*:

Add-on Card applicant's email ID*:

I accept that the usage of the card shall be in accordance with the Exchange Control Regulations of the Reserve Bank of India and the Foreign Exchange Management Act , 1999 and that failure to do so would make the add-on-card holder liable for action under the Foreign Exchange Management Act , 1999

Signature of Add-on Cardholder 1st **Signature of Add-on Cardholder 2nd**

Declaration

Applicant must be atleast 18 years of age

I understand that I can get an additional Card for Mr. / Mrs / Ms. / Dr. _____ *(Name), my* _____ *(Relationship)*
The add-on-card fee, as applicable will be billed in my statement. I agree that it will be my responsibility to provide identity and address or any other additional documents and/or information of the Add-on Cardholder that may be required by IDBI Bank in future. I understand that I am liable to honour all charges incurred on the add-on-card. I accept that the use of the add-on-card by the add-on-card holder constitutes acceptance of the terms of the use of the cardholder Terms and conditions as amended from time to time and constitutes an undertaking from add-on-card holder that the usage of the card shall be in accordance with the Exchange Control Regulations of the Reserve Bank of India and the Foreign Exchange Management Act , 1999 and that failure to do so would make the add-on-card holder liable for action under the Foreign Exchange Management Act , 1999. I accept that the facility of an add-on-card will stand automatically terminated in case of termination of membership of the primary cardholder.

Signature of Primary Cardholder