



CO: Credit Card Centre,
 III Floor, Indian Bank Building
 66,Rajaji Salai, Chennai – 600 001
 Phone: 044- 2526 2999 / Fax: 044-2526 1999
 Email: creditcard@indianbank.co.in

ADD-ON CARD APPLICATION FORM

(Separate application to be submitted for each add on card applicant)

Primary Cardholder's Name			
	FIRST NAME	MIDDLE NAME	LAST NAME
Primary Card Number			
Expiry of Card (MM/YY)			
Particulars of Add On Card Applicant :			
Add on Card Applicant's Name			
	FIRST NAME	MIDDLE NAME	LAST NAME
Name to be embossed on the card *			
*restricted to 20 characters only		Sex : MALE / FEMALE	
Date of Birth(DD/MM/YYYY)	Nationality		
Relationship with Primary cardholder (Tick the appropriate relationship)			
Father <input type="checkbox"/>	Spouse <input type="checkbox"/>	Dependent Son <input type="checkbox"/>	Brother <input type="checkbox"/>
Mother <input type="checkbox"/>		Dependent Daughter <input type="checkbox"/>	Sister <input type="checkbox"/>

Passport size Coloured Photograph of Add-On Applicant to be affixed

Place for Signature of add-on card member

I confirm that the applicant who has applied for the add-on card membership of Indian Bank Global Credit Add-On Card and whose signature appears hereunder is related to me as indicated above. I request that his/her membership be kindly considered in the affirmative. I irrevocably confirm that all dues in respect of Indian Bank Global Credit Card utilized for the goods purchased from eligible merchant establishments, cash withdrawn from Indian Bank ATMs or other Visa enabled ATMs and services availed by him / her are payable by me and I guarantee the payment towards the same in my capacity as the principal cardholder. The Add-on cardholder and I jointly and severally agree to be bound by the cardholders terms and conditions and the usage guide, copy of which we have received and understood in particular, we confirm the usage of card will be in strict accordance with the Exchange control regulations of RBI. In the event of failure, we are liable for action under the FEMA, 1999 and may be debarred from holding the Bank's globally valid Credit Card, either at the instance of Indian Bank or the RBI. I further undertake to advise Indian Bank Credit Card Centre immediately in the event the Add-on card holder ceases to qualify the terms for holding an Add-on-card.

I/We understand and accept that the Add-on card will not entitle us to any additional credit limit and it will be within the credit limit of the primary card only.

Signature of Primary Card Holder

Place: _____

Signature of Add-on Card Applicant

Date: _____

Recommendation of the Branch.		
1. KYC requirements have been fulfilled. 2. Recommended for issue of Add-on Card.		
Branch:	Branch Manager's Signature:	Date:
IBGA Code:	Branch Manager Name:	Specimen Signature No.

(Add-on Card Applicant's age should be 18-80 years)

*Other Terms & Conditions apply