Union Bank of India

Application form for ADD- ON Card

(To be filled in by the Primary Card Holder)

Please fill in **BLOCK LETTERS,** living one box space between two Words & M [✓] wherever appropriate

Primary Card Holder Details

Name of the primary Card Holder:

Your Union card Classic/ Gold Credit Card Number:

ADD ON Card Holder Details

Name of the Add-on Card Holder:

Name for Embossing in the card

The Add On holder is my

☐ Spouse ☐ Major Son ☐ Unmarried Daughter ☐ Father/Mother

Date of Birth ☐☐ ☐☐ ☐☐☐☐ Sex ☐ Male ☐ Female

PLease affix your colour photograph

Signature of Add on Holder

Declaration

I hereby apply for issue of ADD on to my UNIONCARD Classic/ Gold card to my Resident Indian spouse/Major Son/Unmarried Daughter/Father/Mother and declare that the information included in this application is. true and correct. I understand that the Add on card application would be processed subject to my primary card being open, and satisfactory performance of my existing card/s. I agree that approval of this application is subject to Bank's absolute discretion and that the Bank reserves the right to decline the application without assigning any reason. It is my responsibility to obtain the terms and conditions for use of card from Union Bank of India and read the same and have them read by the ADD ON card holder. If this application Is accepted, the Add-on cardholder and I will be jointly and severally bound by the said terms and conditions, which are in force or as may be amended from time to time and usage of t he card will be deemed to be on acceptance of those terms and conditions. I accept that the usage of the Add on card by the Addon cardhofer shall be in strict accordance with the provisions of the Foreign Exchange management Act, 1999 and any other extant law/regulations in force and that failure to do so we are solely liable for action under the said law/regulations and may be debarred from holding UnionCard either at the instance of Union Bank of India or the Reserve Bank of India or any other competent statutory authority. It will be my primary responsibility to honour all charges incurred on the Add on card. I agree for billing the Add on Card transactions and charges in my normal statement.

PLACE:

DATE:

SIGNATURE OF PRIMARY (EXISTING) CARDHOLDER