

'UNIONCARD' - APPLICATION FORM - Individuals



Name of Branch: _____ Branch Code No. _____ Place : _____ Date _____

1.ABOUT YOU

Important instructions: 1. Please fill the entire form in capital letters only. 2. Leave one box space between each word. Do not write outside the provided boxes. 3. Complete all sections, sign the declaration and attach necessary documents. 4. It is mandatory for the card holder to write name in full in clause no.2 (viz atleast an initial and a complete name word in the application form). 5. Tick (✓)boxes where appropriate and write N.A. if not applicable. 6.Fields with *marks are compulsory.

1.Your Name _____

Mr./Ms. _____ Surname _____ Name _____ Middle Name _____

S/o. W/o. D/o. _____

2.Name to the embossed (Maxi. 19 letters) _____ (Please abbreviate, if letter are more than 19)

3.Present Residential Address _____

City _____ *Pin _____ *Telephone No with STD code. _____ *Mobile No. _____

4.*Permanent Residential Address _____

*Pin _____ *Telephone No with STD code. _____ *Mobile No. _____

5.Nationality-Resident Indian _____ Non Resident Indian _____ Foreign National _____ (If foreign national, Nationality compulsory) YY IT PAN No. _____

6. Identity/Residential Proof Details i.)Passport No. _____ Place of Issue _____ Date of Expiry _____ ii.) Voters ID No. _____

iii.) Driving License No. _____ Place of issue _____ iv.) Ration Card No. _____ Place of issue _____ Mother's Maiden Name _____

7.E-mail Address _____ 8.*Date of Birth _____ DD _____ MM _____ YYYY Age _____

9. Sex-Male _____ Female _____ 10.Educational qualification -10+2 _____ Diploma _____ Graduate _____ Post Graduate/Professional & above _____ Other (Specify) _____

11. Marital Status : Married _____ Single _____ No. of Dependents _____ Date of Marriage Anniversary _____ DD _____ MM _____ YY

12. Your Residence is Self owned _____ Owned by parents _____ Company provided _____ Rented _____ Others _____

13. Your Vehicle Car Two Wheeler Owned by you Financed Co.Provided

2.ABOUT YOUR WORK

1. You are : Salaried Self-employed Business / Professional Retired / Pensioner Housewife If salaried (Employee No.) _____

2. Your Company Public Sector / Govt. Public Ltd.Co. Pvt.Ltd.Co. MNC Partner Proprietor Pvt. Ltd.Co. Ownership Stake Solely owned 50% share less than 50% Others

3. Your Designation / Profession _____

4. Completed Years of Service /Business/Profession 5 yrs. or more 2-5 yrs. <2 years

5. Name of the Company/Firm _____

6. Business/Office Address _____

_____ Pin: _____ Telephone No.with STD code _____ Extn. No. _____ Fax No. _____

7. *Please mail Card bills to my - Present Residence Office Address Permanent Address On e-mail ID

3.ABOUT YOUR INCOME

1. Income from Salary/Business/Profession.(Rs.) _____ /pa 2) Other Income _____ (Source)

3. Income of Spouse _____ / pa

Please attach : Salary Slip / Salary Certificate / Certified Copy of Income statement / form 16 / Latest copy of IT/ WT return - Proof of residence.

Spouse Name _____

1. Employed in _____ Designation _____

2. Name of the Company _____ Address _____

Verified Branch / Chief Manager

8.NOMINEE TO RECEIVE ACCIDENT INSURANCE BENEFIT

Name of the Nominee _____ Age _____

Nominee is my Wife Husband Son Daughter Father Mother

Others (Specify) _____

Address _____

hereby nominate the above person to receive the claim amount by Insurance Company in the event of my Accidental Death, after adjustment of dues , if any payable to Union Bank, the credit card issuing bank. I, further declare that the nominee receipt shall be the sufficient discharge to the Bank/Company.

Date: _____ Signature of card holder

4.PARTICULARS OF DEPOSITS / CREDIT FACILITES WITH UNIONBANK

(Applicable for cards applied with Deposit back up only)

Banking with Union Bank of India Since: _____

DETAILS OF DEPOSITS HELD :

1) Amount _____ (in Lacs) with Branch _____

2) Amount _____ (in Lacs) with Branch _____

9.STANDING INSTRUCTIONS

Would you like to make 100% payment of monthly bill and give standing instructions YES NO

(Applicable for Union Bank of India Account holders only)

If yes : Your Branch Name _____ City _____

Your 15 digit Account No. _____

Account in the name of _____ (The first name of account should be in the name of Main Card holder).

5.DETAILED OF IMMOVABLE PROPERTIES OWNED

Residential House Land/Plot Total property Value (Approx) in Rs. _____

6 ABOUT YOUR BANK ACCOUNT

1. Name of the Bank _____ 2. Branch _____ City: _____

3. Type of Account- Saving A/c Current A/c Fixed Deposit A/c

4. Year of Opening A/c- _____ Other Accounts _____

7.DETAILED OF OTHER CARDS OWNED

1. Credit Card No. _____ Expiry Date _____ Issued by _____

2. Credit Card No. _____ Expiry Date _____ Issued by _____

3. Credit Card No. _____ Expiry Date _____ Issued by _____

10.REQUEST FOR ADD ON CARD

(To be filled only in case of add on application)

I. ADD ON Holder:

Name to be embossed (Max 19 letters): _____

Name: _____

Date of Birth: _____ DD _____ MM _____ YY

Relationship with you: Spouse Major Son Unmarried Daughter Father/ Mother

II. ADD ON Holder:

Name to be embossed (Max 19 letters): _____

Name: _____

Date of Birth: _____ DD _____ MM _____ YY

Relationship with you: Spouse Major Son Unmarried Daughter Father/ Mother

PLEASE SIGN THIS DECLARATION

I/We confirm having read and understood the recent terms & conditions supplied to me which I / We unconditionally accept and as also the changes brought out from time to time. I/ We confirm that the information contained in the application is true and correct. I / We authorize Union Bank of India to verify any information contained in the application from any source whatsoever at their sole discretion and also to exchange/share part with all information relating to my/our credit card (including Add On card) details and payment history to other Banks , financial institutions, Credit Card Companies, Credit Bureaus, Agencies statutory authorities and other agencies as may be required and I / we shall not hold Union Bank of India liable for use and / or parting with this information. It is my / our responsibility to obtain the credit card Terms and conditions and I / we are estopped to claim otherwise. I / we confirm having read and understood the credit card terms and conditions I / we further agree that the bank may use my / our name and address for marketing /merchandising offers between Union Bank of India and other companies/institutions. I / We accept that Union Bank of India reserves the right to reject this application without assigning any reason. I / We undertake to pay the Bank all dues for usage of this Card/ Add On Cards issued pursuant to my application. I / We as the applicant of the Primary card shall be liable for all charges incurred on the primary card and Add on card on my / our account. I/ We the add on holders also agree to be jointly and severally liable with the primary cardholder for all charges including fee of any nature incurred on the additional card issued to me and its renewal.

Please paste color photo of Main Card holder	Please paste color photo of I Add On Card holder	Please paste color photo of II Add On Card holder
Signature of the Primary Cardholder (Please sign in Black ink only)	Signature of the I Add On Cardholder (Please sign in Black ink only)	Signature of the II Add On Cardholder (Please sign in Black ink only)
Name : _____ Date : _____	Name : _____ Date : _____	Name : _____ Date : _____

For Office/Branch use only

Credit Card Scoring Module

Part I Eligibility Questionnaire

'Yes' response required for all these questions if the application is to be entertained

Sr.No.	Criteria	Yes/No
1.	Is applicant a major and above 21 years of age?	
2.	Is the applicant residing in the present address for the past more than 6 months and has been identified to the satisfaction of the Branch? (If it is less than 6 months then valid reasons are given for shifting)	
3.	If above address is temporary, Whether permanent address is given?	
4.	Is the applicant an existing customer of the bank and satisfactorily operating the bank account? OR The identity of the applicant has been established beyond doubt through standard acceptable proof such as Income Tax/PAN number/ID card/Driving license/ Passport/Ration Card	
5.	i) Is the applicant serving and his minimum service is 3 years? OR ii) Is the applicant self employed or a professional and he has been in this current profession for more than 2 years? OR iii) Does the applicant have a positive net worth and earnings are reasonable to service and repay the dues in the credit card?	
6.	Are the minimum annual income criteria as per norms satisfied?	

BRANCH SANCTION/RECOMMENDATION

- have verified the details furnished in the application including financial data and other information.
- The applicant is a customer of our Bank for the past _____ years maintaining an average balance of Rs. _____ in his/her SB/Current account and dealing with us have been satisfactory.
- We have sanctioned UNIONCARD with a spending limit of Rs. _____ under the following category (please tick the appropriate column).
Public Staff VIP Corporate Deposit Booked
- Overall Assessment by Branch Manager : Excellent Good Satisfactory
- The above limits sanctioned are as per process note and scoring criteria prepared by us. (scoring as per module is _____ points)
- Sanctioned Rs. _____
Signature and name of Branch Manager with Seal _____
P. A. Number _____ Branch Name _____ Tel. No. _____

Part II Scoring module

- In case the applicant has failed to qualify in part I of this evaluation note, this portion viz. **Part II need not be filled up & Application to be rejected.**
- The total of the marks scored will form the basis for the final decision on the sanction of the credit card and the total score shall confirm to the benchmark prescribed by the bank.

Sr. No.	Parameters	Categories	Marks Scored
1	Age	21 to 30 4 31-45 5 46-59 3 ≥60 1	
2	Educational qualifications	Professional/PG 5 Graduate 4 Diploma 3 Undergraduate 2	
3	Nature of Organization, applicant is working OR Self Employed/ Ownership Stake	Govt./Public 5 Public Ltd.Co. 4 Pvt. Ltd. Co. 3 Others 1 Solely Owned 5 Owning ≥50% 4 Owning ≤50% 2	
4.	Length of Service OR Years in profession/ Business	≥5 Years 10 ≥2 Years <5 Years 5 ≥1 Year <2 Years 3 < 1 Year 1 ≥5Years 10 <5 Years ≥2 Years 5 <2 Years ≥1 Year 3 < 1 Year 1	
5	Dependents	≤2 5 3 to 4 3 >4 1	
6	Owning a House	Self Owned 5 Company Provided 4 Parent Owned 3 Rented 2 Others 0	
7	Owning a Vehicle	Self Owned 5 Financed 4 Co.Provided 3 Two 2 Other 0 Car Car wheeler	
8	Annual Income:	>Rs.10 lacs 25 >5 lacs ≤10 lacs 20 ≥ 2 lacs ≤5 lacs 15 < 2 lacs 10	
9.	Spouse Income	> Rs.10 lacs 5 ≥ 5 lacs ≤10 lacs 2 < 5 lacs 1	
10.	Banking with our Bank:	> 3 Years 5 1-3 Years 3 6 months-1 Year 1 < 6Months 0	
11.	Deposits with our bank	> 5 lacs 10 3 to 5 lacs 5 >1 lac < 3 Lacs 2 ≤1 lac 1	
12.	Existing Credit Cards	> 1 card 2 1 Card 1 No Card 0	
13.	Integrity, Character, Conduct and branch experience with party	Excellent (11-15) Good (6-10) Fair/Satisfactory (1-5)	
	Max Marks	100	

Minimum Qualifying Score is 50

FORWARDED FOR FURTHER APPROVAL BY HIGHER AUTHORITY

The limits recommended does not come under the Delegated powers of the undersigned.

Hence recommended for sanction of a limit of _____

(Signature of Branch Manager with Seal)

Sanctioned a credit card limit of Rs. _____

(Signature of Regional Head with Seal)

FOR CARD ISSUE CENTRE USE

Inward No. _____ Date : _____

Issue Union Bank of India's UNIONCARD Classic Silver Gold with an overall limit of Rs. _____

(Rupees _____) with

ONE ADD ON TWO ADD ON CARDS

CARD No. _____

issued on _____ validity _____

ADD ON CARD No. _____

issued on _____ validity _____

Second ADD ON CARD No. _____

issued on _____ validity _____

Card Dispatched on _____ PIN mailer dispatched on _____

Signature _____