



# LIC CARDS SERVICES LTD.

(Regd. Office : 6th Floor, Jeevan Prakash,  
25, K. G. Marg, New Delhi – 110 001)

Date  
Stamp

Application Serial No. :

## 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.	<input type="text"/>		
	First Name	Middle Name	Last Name
2. * Name to be embossed on the Card: (Max. 19 Characters)	<input type="text"/>		
3. Date of Birth : <input type="text"/>	4. Sex : Male <input type="checkbox"/>	Female <input type="checkbox"/>	5. Nationality <input type="text"/>
6. *Legal Status : Resident <input type="checkbox"/>	NRI <input type="checkbox"/>	PIO <input type="checkbox"/>	7. Marital Status : Single <input type="checkbox"/>
	Married <input type="checkbox"/>	No. of Dependants <input type="text"/>	
8. *PAN No.: <input type="text"/>	9. Passport No.: <input type="text"/>	Place of Issue <input type="text"/>	
10. *Voter's ID: <input type="text"/>	11. Driving License No. <input type="text"/>	Place of Issue <input type="text"/>	
12. *Vehicle : 2 wheeler <input type="checkbox"/>	4 wheeler <input type="checkbox"/>	None <input type="checkbox"/>	Vehicle Make & Model <input type="text"/>
13. *Mother's Maiden Name :	<input type="text"/>		
14. *Name of Nominee (for insurance facility)	<input type="text"/>		
* Relationship with Applicant	<input type="text"/>		

**Employment Details** (All fields are mandatory)

15. Occupation: Salaried <input type="checkbox"/>	Self Employed <input type="checkbox"/>	Professional <input type="checkbox"/>	Retired <input type="checkbox"/>	Housewife <input type="checkbox"/>	Others <input type="checkbox"/>
16. If Salaried, employed with: Govt . <input type="checkbox"/>					
PSU <input type="checkbox"/>					
MNC <input type="checkbox"/>					
Private <input type="checkbox"/>					
Partnership <input type="checkbox"/>					
Others <input type="checkbox"/>					
17. Designation: ..... Employed since:..... yrs. Confirmed in service: Yes <input type="checkbox"/>					
No <input type="checkbox"/>					
18. If Self employed, field of activities: CA <input type="checkbox"/>					
Doctor <input type="checkbox"/>					
Lawyer <input type="checkbox"/>					
Consultant <input type="checkbox"/>					
Engineer <input type="checkbox"/>					
Others <input type="checkbox"/>					
19. a) If LIC staff, S.R. No. <input type="text"/>					
Date of joining..... Dept./Branch..... Designation.....					
b) If LIC Agent, Agency Code No. <input type="text"/>					

**Address** (All fields are mandatory)

<b>20. Present Residential Address</b>																									
<input type="text"/>																									
<input type="text"/>																									
City	<input type="text"/>																								
State	<input type="text"/>	PIN	<input type="text"/>																						
Tel. No.	<input type="text"/>	*Mobile No.	<input type="text"/>																						
*Email ID	<input type="text"/>																								

**21. Permanent Residential Address** (Only if different from present Residential Address)

City																																								
State											PIN																													
Tel. No.											*Mobile No.																													
*Email ID																																								

**22. Office Address**

City																																								
State											PIN																													
Tel. No.											*Mobile No.																													
*Email ID																																								

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

**Add on Card**

24. Add on Card required for following applicants : YES  NO

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 holders: 1. ....	Paste recent colour Stamp size Photograph. Do not staple	2. ....	Paste recent colour Stamp size Photograph. Do not staple
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**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 yearly income ..... Other income ..... Deductions ..... Net yearly income .....

c. Spouse Income (if earning independently) : Rs. .... (per annum)

**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 customers only) YES  NO   
 If yes, Account Number: ..... with Branch ..... Branch Code

31. Amount to be debited: Full Amount due  Minimum Amount due

**Documents Furnished** (All fields are mandatory)

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

33. Proof of Income: Salary Slip  Salary Certificate  IT Returns  F 16

34. PAN Card  F. 60/61

**Declaration**

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

## SUBSCRIPTION FOR STATEMENT BY E-MAIL/MOBILE ALERTS

I hereby subscribe for Statement by E-mail to be sent to my E-mail ID .....

and Mobile Alerts to my Mobile 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 LICCSL informed whenever there is any change in the e-mail ID or Mobile Phone in future.

Date:

*Signature*

## DETAILS OF LIC POLICIES (ON OWN LIFE ONLY)

S. No.	Policy No.	Date of Commencement	Plan/Term	Sum Assured	Premium Payment Mode	Installment Premium (Rs.)	
1.							
2.							
3.							
4.							
5.							

**Standing Instructions:** I wish to pay the periodical premia by debit to my LIC Card account. I have duly signed the Mandate form which is attached herewith. (OR) I do not wish to pay the LIC premium through my LIC card at present. *(Strike out whichever not applicable)*

Date:

*Signature*

## DECLARATION BY LIC CSL SALES REPRESENTATIVE

I hereby declare that this Application Form has been filled by the Applicant 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 am of the opinion that LIC Credit Card may be given to the Applicant.

.....

*Signature*

.....

Date

*LIC Agency Code No.
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*LIC CSL Rep. Code No.
------------------------

NAME OF THE REPRESENTATIVE:

Full Postal Address :

.....  
 .....  
 .....

\*Phone No. Landline (with STD Code):

\*Mobile:

\*e-mail ID:

For Office Use:





**LIC CARDS SERVICES LTD.**  
**CREDIT CARD HOLDERS' MANDATE FORM FOR PAYING PREMIUM THROUGH**  
**LIC CARD**

(A) Name of the Cardholder

(B) Credit Card Number

(C) E-mail ID

(D) Details of Policies :

S. No.	Policy Number*	Name of the Insured	Installment Premium Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

\* In case, more than 10 policies, please give details in a separate Annexure.

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.

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 or Corporation Bank responsible.

I understand that it may take one month time for the system to be in place after the submission of mandate.

Date :  
Place :

*Signature of the Cardholder*

*Signature of the Policyholder*  
(in case the Policyholder differs from that of the Cardholder)

We acknowledge the receipt of the mandate and note to carry out the customer instructions as per mandate given.

Date :

*Bank Seal & Signature of the Bank Official*