

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.

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Signature

.....

Date

*LIC Agency Code No.

*LIC CSL Rep. Code No.

NAME OF THE REPRESENTATIVE:

Full Postal Address :

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*Phone No. Landline (with STD Code):

*Mobile:

*e-mail ID:

For Office Use: