



Canara Bank
(A Government of India Undertaking)
Together We Can

CREDIT CARD APPLICATION

NF-1016

For quick processing of your application, please complete all sections in BLOCK LETTERS ☒ in boxes wherever appropriate and write N.A. if not applicable.

I/We wish to apply for CANARA CREDIT CARD: Principal ☒ Add-On ☐ Both ☐

We wish to apply for CANARA Credit Card: ☒ Yes ☐ No

1. VISA CLASSIC <input checked="" type="checkbox"/>	2. MASTERCARD STANDARD <input type="checkbox"/>	3. RUPAY CLASSIC <input type="checkbox"/>	4. CANARA SECURED CREDIT CARD <input type="checkbox"/>
5. VISA GOLD <input type="checkbox"/>	6. MASTERCARD GOLD <input type="checkbox"/>	7. MASTERCARD WORLD <input type="checkbox"/>	8. RUPAY PLATINUM <input type="checkbox"/>
9. RUPAY SELECT CARD <input type="checkbox"/>	10. OTHERS <input type="checkbox"/>	SPECIFY <input type="checkbox"/> <input checked="" type="checkbox"/> Office <input type="checkbox"/>	

Usage: Domestic ☒ International ☐ Both ☐

Preferred Mailing Address: Residential ☒ Office ☐

Applicant's Information

Full Name: JANE HENZY SHEERBA
Name to be embossed on Card (Not exceeding 19 letters) JANE HENZY SHEERBA
Father's / Spouse Name: CHANDRASEKAR V K
Date of Birth: 08/05/92 Age 29 Years Nationality: Indian ☒ Non Resident Indian ☐
Gender: Male ☐ Female ☒ Transgender ☐ For NRIs: Country Details
Marital Status: Unmarried ☐ Married ☒ No. of Dependents 03 Identification Number of Country residing in
Educational Qualification: Under Graduate ☐ Graduate ☐ Post Graduate ☒ Others
University/Institution: LANCASTER UNIVERSITY UK

Present Residential Address:

NO 123 SECOND FLOOR
FIRST STREET MOON ARENA

City: TIRUCHIRAPPALLI Landmark: Pin Code: 620024
Landline (with STD Code): - State: TAMILNADU

Permanent Address:

If same as Present Residential: ☒

City: Landmark: Pin Code:

Landline (with STD Code): State:

Aadhaar No.:

1	2	3	4
5	6	7	8
9	0	1	2

 PAN No:

A	B	C	D
E	F	G	H
I	J	K	L

Aadhaar No : 1 2 3 4 5 6 7 8 9 0 1 2 PAN No: A B C D 1 2 3 E F J

[illegible]

Mobile No : 9 8 7 6 5 4 3 2 1 0 Alternate Mobile No: [] [] [] [] [] [] [] [] [] []

Email ID : sample@gmail.com

Occupation Details:

Occupation Details:

Employment Status: Business ☒ Professional ☐ Self employed ☐ Salaried ☐
Agriculturist ☐ Freelancer ☐ Others ☐ Specify _____
Employer Type: Govt. ☐ NGO ☐ Private ☐ Public ☐

Employer Type: Govt. ☐ NGO ☐ Private ☒ Public ☐
Name of the Organization/Employer: JANE SHEEBA MEDIA

Department/Section: _____ Designation: OWNER Employee Code _____

Current position: Top Management ☒ Middle Management ☐ Junior Management ☐ Clerical ☐

Office Address:

[illegible]

FIRST STREET MOON ARENA

[illegible]

City: TRICHY Landmark: Pin Code: 620028

City:	Landmark:	Pin Code:
Landline (with STD Code):	State:	

Income: less than \$2.5 less ☒ \$2.5 less to \$5 less ☐ \$5 less to \$10 less ☐ At least \$10 less ☐

Income: less than ₹2.5 Lacs ☒ ₹2.5 Lacs to ₹5 Lacs ☐ ₹5 Lacs to ₹10 Lacs ☐ Above ₹10 Lacs ☐

Credit Card Limit Required: ₹ (In words:)"

Type of Deposit: ☐ FD/KD ☐ A ☐ M ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ K ☐ L ☐ M ☐ N ☐ O ☐ P ☐ Q ☐ R ☐ S ☐ T ☐ U ☐ V ☐ W ☐ X ☐ Y ☐ Z ☐ AA ☐ AB ☐ AC ☐ AD ☐ AE ☐ AF ☐ AG ☐ AH ☐ AI ☐ AJ ☐ AK ☐ AL ☐ AM ☐ AN ☐ AO ☐ AP ☐ AQ ☐ AR ☐ AS ☐ AT ☐ AU ☐ AV ☐ AW ☐ AX ☐ AY ☐ AZ ☐ BA ☐ BB ☐ BC ☐ BD ☐ BE ☐ BF ☐ BG ☐ BH ☐ BI ☐ BJ ☐ BK ☐ BL ☐ BM ☐ BN ☐ BO ☐ BP ☐ BQ ☐ BR ☐ BS ☐ BT ☐ BU ☐ BV ☐ BW ☐ BX ☐ BY ☐ BZ ☐ CA ☐ CB ☐ CC ☐ CD ☐ CE ☐ CF ☐ CG ☐ CH ☐ CI ☐ CJ ☐ CK ☐ CL ☐ CM ☐ CN ☐ CO ☐ CP ☐ CQ ☐ CR ☐ CS ☐ CT ☐ CU ☐ CV ☐ CW ☐ CX ☐ CY ☐ CZ ☐ DA ☐ DB ☐ DC ☐ DD ☐ DE ☐ DF ☐ DG ☐ DH ☐ DI ☐ DJ ☐ DK ☐ DL ☐ DM ☐ DN ☐ DO ☐ DP ☐ DQ ☐ DR ☐ DS ☐ DT ☐ DU ☐ DV ☐ DW ☐ DX ☐ DY ☐ DZ ☐ EA ☐ EB ☐ EC ☐ ED ☐ EE ☐ EF ☐ EG ☐ EH ☐ EI ☐ EJ ☐ EK ☐ EL ☐ EM ☐ EN ☐ EO ☐ EP ☐ EQ ☐ ER ☐ ES ☐ ET ☐ EU ☐ EV ☐ EW ☐ EX ☐ EY ☐ EZ ☐ FA ☐ FB ☐ FC ☐ FD ☐ FE ☐ FF ☐ FG ☐ FH ☐ FI ☐ FJ ☐ FK ☐ FL ☐ FM ☐ FN ☐ FO ☐ FP ☐ FQ ☐ FR ☐ FS ☐ FT ☐ FU ☐ FV ☐ FW ☐ FX ☐ FY ☐ FZ ☐ GA ☐ GB ☐ GC ☐ GD ☐ GE ☐ GF ☐ GG ☐ GH ☐ GI ☐ GJ ☐ GK ☐ GL ☐ GM ☐ GN ☐ GO ☐ GP ☐ GQ ☐ GR ☐ GS ☐ GT ☐ GU ☐ GV ☐ GW ☐ GX ☐ GY ☐ GZ ☐ HA ☐ HB ☐ HC ☐ HD ☐ HE ☐ HF ☐ HG ☐ HH ☐ HI ☐ HJ ☐ HK ☐ HL ☐ HM ☐ HN ☐ HO ☐ HP ☐ HQ ☐ HR ☐ HS ☐ HT ☐ HU ☐ HV ☐ HW ☐ HX ☐ HY ☐ HZ ☐ IA ☐ IB ☐ IC ☐ ID ☐ IE ☐ IF ☐ IG ☐ IH ☐ II ☐ IJ ☐ IK ☐ IL ☐ IM ☐ IN ☐ IO ☐ IP ☐ IQ ☐ IR ☐ IS ☐ IT ☐ IU ☐ IV ☐ IW ☐ IX ☐ IY ☐ IZ ☐ JA ☐ JB ☐ JC ☐ JD ☐ JE ☐ JF ☐ JG ☐ JH ☐ JI ☐ JJ ☐ JK ☐ JL ☐ JM ☐ JN ☐ JO ☐ JP ☐ JQ ☐ JR ☐ JS ☐ JT ☐ JU ☐ JV ☐ JW ☐ JX ☐ JY ☐ JZ ☐ KA ☐ KB ☐ KC ☐ KD ☐ KE ☐ KF ☐ KG ☐ KH ☐ KI ☐ KJ ☐ KK ☐ KL ☐ KM ☐ KN ☐ KO ☐ KP ☐ KQ ☐ KR ☐ KS ☐ KT ☐ KU ☐ KV ☐ KW ☐ KX ☐ KY ☐ KZ ☐ LA ☐ LB ☐ LC ☐ LD ☐ LE ☐ LF ☐ LG ☐ LH ☐ LI ☐ LJ ☐ LK ☐ LL ☐ LM ☐ LN ☐ LO ☐ LP ☐ LQ ☐ LR ☐ LS ☐ LT ☐ LU ☐ LV ☐ LW ☐ LX ☐ LY ☐ LZ ☐ MA ☐ MB ☐ MC ☐ MD ☐ ME ☐ MF ☐ MG ☐ MH ☐ MI ☐ MJ ☐ MK ☐ ML ☐ MM ☐ MN ☐ MO ☐ MP ☐ MQ ☐ MR ☐ MS ☐ MT ☐ MU ☐ MV ☐ MW ☐ MX ☐ MY ☐ MZ ☐ NA ☐ NB ☐ NC ☐ ND ☐ NE ☐ NF ☐ NG ☐ NH ☐ NI ☐ NJ ☐ NK ☐ NL ☐ NM ☐ NN ☐ NO ☐ NP ☐ NQ ☐ NR ☐ NS ☐ NT ☐ NU ☐ NV ☐ NW ☐ NX ☐ NY ☐ NZ ☐ OA ☐ OB ☐ OC ☐ OD ☐ OE ☐ OF ☐ OG ☐ OH ☐ OI ☐ OJ ☐ OK ☐ OL ☐ OM ☐ ON ☐ OO ☐ OP ☐ OQ ☐ OR ☐ OS ☐ OT ☐ OU ☐ OV ☐ OW ☐ OX ☐ OY ☐ OZ ☐ PA ☐ PB ☐ PC ☐ PD ☐ PE ☐ PF ☐ PG ☐ PH ☐ PI ☐ PJ ☐ PK ☐ PL ☐ PM ☐ PN ☐ PO ☐ PP ☐ PQ ☐ PR ☐ PS ☐ PT ☐ PU ☐ PV ☐ PW ☐ PX ☐ PY ☐ PZ ☐ QA ☐ QB ☐ QC ☐ QD ☐ QE ☐ QF ☐ QG ☐ QH ☐ QI ☐ QJ ☐ QK ☐ QL ☐ QM ☐ QN ☐ QO ☐ QP ☐ QQ ☐ QR ☐ QS ☐ QT ☐ QU ☐ QV ☐ QW ☐ QX ☐ QY ☐ QZ ☐ RA ☐ RB ☐ RC ☐ RD ☐ RE ☐ RF ☐ RG ☐ RH ☐ RI ☐ RJ ☐ RK ☐ RL ☐ RM ☐ RN ☐ RO ☐ RP ☐ RQ ☐ RR ☐ RS ☐ RT ☐ RU ☐ RV ☐ RW ☐ RX ☐ RY ☐ RZ ☐ SA ☐ SB ☐ SC ☐ SD ☐ SE ☐ SF ☐ SG ☐ SH ☐ SI ☐ SJ ☐ SK ☐ SL ☐ SM ☐ SN ☐ SO ☐ SP ☐ SQ ☐ SR ☐ SS ☐ ST ☐ SU ☐ SV ☐ SW ☐ SX ☐ SY ☐ SZ ☐ TA ☐ TB ☐ TC ☐ TD ☐ TE ☐ TF ☐ TG ☐ TH ☐ TI ☐ TJ ☐ TK ☐ TL ☐ TM ☐ TN ☐ TO ☐ TP ☐ TQ ☐ TR ☐ TS ☐ TT ☐ TU ☐ TV ☐ TW ☐ TX ☐ TY ☐ TZ ☐ UA ☐ UB ☐ UC ☐ UD ☐ UE ☐ UF ☐ UG ☐ UH ☐ UI ☐ UJ ☐ UK ☐ UL ☐ UM ☐ UN ☐ UO ☐ UP ☐ UQ ☐ UR ☐ US ☐ UT ☐ UU ☐ UV ☐ UW ☐ UX ☐ UY ☐ UZ

Type of Deposit: FD/KD ☐ Account No. _____ Principal Amount _____

Kindly Note: 1. Staff of Canara Bank to Submit "Letter of Authority/U undertaking from staff" along with application form.

2. NRI Customers to furnish both abroad & local address and respective contact numbers without fail.

Details of Assets:

House:

Owned ☒

Rented ☐

Ancestral ☐

Company Provided ☐

Vehicle:

Two Wheeler ☒

Four Wheeler ☒

Details of Liabilities (if any):

Name of the Bank/Institution

Outstanding Loan Amount

Housing Loan ☐

Car Loan ☐

Personal Loan ☐

Any other Loan ☐

Personal Association Details

Whether Applicant is related to Chairman/Director of our Bank / any other Bank, any employee of our Bank? Yes ☐ NO ☐

If yes, please furnish details of relationship *

*Relationship means and includes spouse, father, mother (including step-mother), son, (including step-son), son's wife, daughter (including step-daughter), daughter's husband, brother (including step-brother), brother's wife, sister (including step-sister), sister's husband, brother (including step-brother) of the spouse, sister (including step-sister) of spouse.

Canara Bank Account Details

Branch Name	Account No	Type of Account	Banking Since
CANTONMENT	XXXXXXXXXX	SB <input checked="" type="checkbox"/> CA <input type="checkbox"/> OD/OCC <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/>	2015

Existing Card Details (If any)

Bank Name	Card No.	Valid up to	Limit/Outstanding liability
1. SBI	XXXXXXXXXX	XX/XX	
2.			
3.			

Mandatory documents to be submitted

1. PAN ☒

2. Aadhaar ☒

If address in Aadhaar differs from the present address, any one of the following additional documents is to be submitted:

Driving License ☐

/ Voter ID ☐

/ Passport ☐

/ Any Other: ☐

3. Form 16 ☐

/ Salary Certificate ☐

/ Latest Balance Sheet ☐

/ Income Tax Return ☐

/ Any Other: ☐

Mode of settlement:

Auto Debit for Canara Bank Customers: SB/CA/OD/OCC A/C No XXXXXXXXXX Branch CANTONMENT

Auto Debit for NRI Customers: NRE/NRO A/C No Branch

Direct Billing for Non-customers: Cheque/DD ☐

NEFT ☐

Internet Banking ☐

Your Bank Details: Bank Name

Account No

IFSC Code

Please permit me revolving facility, wherein I will be required to pay only 5% of the billed amount every month with the carried over balance attracting interest at rates as applicable from time to time. ☐

Colour Photograph

Primary Applicant
Please Paste
Colour Photograph

Add-on 1
Please Paste
Colour Photograph

Add-on 2
Please Paste
Colour Photograph

Add-on 3
Please Paste
Colour Photograph

Add-on 4
Please Paste
Colour Photograph

Add-On cards Required (Photo Identity and Address Proof Required)

Add-On cards i.e. those that are subsidiary to the principal card, may be issued with the clear understanding that the liability will be that of the principal cardholder. Similarly while issuing corporate credit cards, the responsibilities and liabilities of the corporate and its employees lies with main card i.e. Corporate account.

I request you to give add on cards to the following family members: (upto maximum 4 add-on cards)

	Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Spouse <input type="checkbox"/>	Son <input type="checkbox"/>	Daughter <input type="checkbox"/>	
	Name of the Family Member	Date of Birth	Relationship	ID Proof	Limit Required	Signature of the Add-on cardholder
1.		DD/MM/YY				
2.		DD/MM/YY				
3.		DD/MM/YY				
4.		DD/MM/YY				

Declaration

I hereby apply for Canara Bank Credit Card - Visa/MasterCard/RuPay and I declare that I am a resident/non-Resident Indian and that all the particulars and information I have furnished above are true and correct. I agree to inform that Bank, the changes, if any in the above said facts as and when they occur.

I agree to pay the annual fees and other charges that may be fixed / enhanced by the Bank from time to time. I undertake to settle in full all the dues arising from my Canara Credit Card issued to me and add on card/s that are issued/may be issued. I undertake to utilize the Canara credit card strictly in accordance with the exchange control regulation and understand that in the event of my failure to do so, I would be liable for action under FEMA Regulations and will also be debarred from international credit card facility at the instance of RBI or Canara Bank.

I, hereby, authorize you to inform the details of my transactions including default of payment that may occur to any of the credit card issuers, other banks, financial institutions or any other organization as the bank may deem fit without obtaining any further oral or written consent from me. I also authorize Canara Bank to entrust recovery of any dues under my Canara Credit Card - Visa/MasterCard/RuPay owing to my default to any recovery agent and expenses incurred in this regard shall be borne by me.

I understand that in terms of the Credit Information Companies (Regulation) Act, 2005 the Bank is bound to provide information related to my credit history/repayment record to Credit Information company (specifically authorized by RBI).

I authorize the bank to exchange, share, part with all information related to my details and transaction history to its Affiliates/Banks/Financial Institutions/Credit Bureaus/Agencies/participation in any telecommunication or electronic network as may be required by law, customary practice, credit reporting, statistical analysis and credit scoring, verification or risk management and shall not hold Canara Bank liable for use or disclosure of this information.

I authorize Canara Bank to make use of the personal information provided by me at the time of applying for this Credit Card on a need to know basis to deliver better service to the customers. The Bank may use and share the information provided by me with its affiliates and third parties for providing services and any service related activities such as collecting subscription fees for such services and notifying or contacting the Customers regarding any problem with or the expiration of such services. In this regard it may be necessary to disclose the customers' information to one or more agents and contractors of the Bank and their sub contractors but such agents, contractors and sub contractors shall be required to use the information for these purposes only.

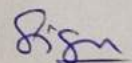
I undertake to use the card for transactions permitted by GoI/RBI only.

I, hereby, declare that I have maintained NRE/NRO rupee account in the Bank. I'm Indian passport holder. If I cease to be an Indian passport holder, I will surrender the card to the Bank. (Only for NRI customers)

I declare that I have read and understood the terms & conditions governing Canara Credit Card and I am agreeable to and bound by them. I agree and understand that issuance of Credit Card is the sole discretion of Canara Bank and the Bank reserves the right to reject my application without assigning any reason.

Place: TRICHY

Date: 29-11-2021



Signature of the Applicant

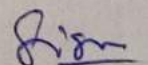
ASSIGNMENT / NOMINATION FOR CARDHOLDER INSURANCE

I JANE HENZY STEEBA do hereby assign the money payable by the concerned Insurance company in the event of my death due to accident to CHANDRAJEKAR who is my SPOUSE. I hereby authorize Canara Bank to adjust the Card Division Visa/MasterCard/RuPay card dues if any from the insurance claims settled. I further declare that the nominee's receipt shall be sufficient proof of discharge to the concerned insurance company.

I am aware that the role of Card Division under Cancare Insurance would be purely to facilitate the payment of premium on my behalf as a compliment and that the onus of making valid claim with the Insurance Co. lies on the nominee/legal heir of the cardholder. Canara Bank will not have any responsibility in the matter of settlement of the claims or make any representation on claim being processed with the Insurance Company.

Place: TRICHY

Date: 29-11-2021



Signature of the Applicant

Signature of witness: _____

Name & address of the witness _____

Place: _____

Date: _____

For Office use Only

Inward Number: _____

Master Number _____

Staff Number _____

Application Sourced By: Name _____

Designation _____

List of documents to be mandatorily enclosed by applicant1. Copy of PAN Card ☐2. Copy of Aadhaar Card ☐Verified with Originals: ☐3. Income Proof (Specify) ☐4. Latest address Proof (Specify) ☐In case of Canara secured credit card, Lien marking done by: Maker ☐

Staff No. _____

Checker ☐

Staff No. _____

Ledger Balance of FD/KD _____

List of documents to be mandatorily enclosed by applicant

Verification & Sanction Report by Canara Bank:

Branch Name: _____

Branch DP Code: _____

Is Applicant Canara Bank Customer: _____

If yes, then Banking Since: _____

Annual Gross Income: _____

Limit sought for: _____

CKYC ID of the Applicant: _____

Credit Score 1: _____

Name of Credit Information Company 1: _____

Credit Score 2: _____

Name of Credit Information Company 2: _____

Limit Recommended: _____

Limit Sanctioned: _____

Sanction: Add-on Cards

	Cards	Issued On	Valid Upto	Id Proof
Main Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add-on Card No. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add-on Card No. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add-on Card No. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add-on Card No. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommended By:

Branch / RO / CO

Signature of Recommending Authority

Name

S.P. Number

Designation

Sanctioned By:

Branch / RO / CO / HO

Signature of Sanctioning Authority

Name

S.P. Number

Designation

Submitted for Review to: RO/CO/HO (as per delegation of powers)

Views/Observation of Reviewing Authority: RO / CO / HO

Signature of Reviewing Authority

Name:

S.P. Number:

Designation: