

Application for bob World Wave

Name of the Branch: _____

Branch Code:

I wish to apply for Bank of Baroda bob World Wave of following Type:

Smart Watch PVC Key Chain

My/Our Account Type (SB/CA/OD): Account Number

I would like to link my savings account to the wearable device also.

- I confirm that I have the required mandate to operate the account singly.
- I/We authorize Bank of Baroda to issue a bob World Wave with contactless payment solution to me/us.
- I/We further unconditionally and irrevocably authorize you my account annually for bob World Wave fees/charges.

The particulars are as under:

1 Full Name (in Block letters):

2 Gender: Male Female Others

3 Name as required on Non-Payment Plastic Card
(Not to exceed 20 characters) (No Nicknames) (Please leave one blank space in between each name)

4 Preferred address for delivering bob World Wave:

Communication address:

City/State: PIN Code:

Mobile No. Email: _____

5 DECLARATION/ UNDERTAKING bob World Wave (WEARABLES):

I/We have, read and understood the terms and conditions governing the usage of the wearable device. I/We accept to be all time bound by the said terms and conditions and to any changes made therein from time to time by the Bank at its sole discretion as updated over bank's website. I understand that Bank of Baroda is issuing the wearable device on my request and I/We agree and authorise the bank for debiting the charges related to issuance of the device and the Fees to my/our account which would be non – refundable. I/we confirm that Bank of Baroda shall not be liable for any loss caused due to technical breakdown of the wearable device. Further, I understand that Wearable device will not be auto renewed after expiry and I am required to submit new issuance request for its renewal. I/We understand that the Wearable Devices, will be sold by Third Party vendor/service providers/agencies and not bank and the Bank does not guarantee or warrant the efficacy, efficiency, usefulness of wearable device offered by Third Party vendor/service providers/agencies. Therefore Disputes (if any) will be taken up by me directly with the concerned Third Party vendor/service providers/agencies etc. without involving the Bank.

I/We accept full responsibility for my/our wearable device and agree not to make any claims against Bank of Baroda in respect thereto.

 (Applicant's Signature) _____
 (Other Account Holder/s Signature)
(In case of joint account holders, all account holders shall put their signatures)

For Branch use:	Name of the Officer	Signature
Signature verified by		
Eligibility verified by		