

Baroda Gift Card Application
To Date:
The Branch Manager,
Branch,
APPLICANT'S INFORMATION
* NAME IN FULL:
* DATE OF BIRTH/ DATE OF INCORPORATION:(dd/mm/yyyy)
* ADDRESS:
CITY:PIN:
* MOBILE NUMBER: EMAIL ID:
DETAILS OF ULTIMATE BENEFICIARY
NAME :
CONTACT MOBILE NUMBER:COMMUNICATION ADDRESS:
PAYMENT DETAIL
CASH CHEQUE CHEQUE
ACCOUNT NUMBER SB/ CURRENT/ OD/ CC:
I hereby authorize you to debit my account toward the amount to be loaded on the cards and also the applicable card fee.
Card Amount:₹ Fees:₹ Total₹
Signature of Purchaser/ account holder(s):
<u>DECLARATION</u>
I/We hereby agree to abide by the terms, conditions, rules, regulations and other statutory requirements applicable to respective prepaid card. I/We hereby declare that particulars given herein are true, correct and complete to the best of my knowledge and belief; the documents submitted along with this form are genuine. I/We also acknowledge that as part of purchasing this card, I/We will be visiting Bank's website www.bankofbaroda.com/Prepaid Card Section for accessing transaction and balance information.
Customer Signature(s)
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FOR BRANCH USE
In case of non customer, obtain copy of photo identity and Address proof and keep it along with the application.
URN: Last 4 digits of Card: Card shall be activated within 24 hours from the time of purchase.
Signature of the applicant verified
Entered by: Authorised by:
I hereby authorize you to debit my account toward the amount to be loaded on the cards and also the applicable card fee.
Card Amount: ₹ Fees: ₹ Total ₹
Signature of Purchaser/ account holder(s):
ACKNOWLEDGEMENT:
Received Cash / Cheque/ authority to debit Account for ₹
Against issuance of : Baroda Gift Cards vide Application serial No dated dated
Signature of Branch Official: