

Credit Card Application Form

Date:	/ / 20	
Date.	/ 20	

I / We hereby apply for Laxmi Bank VISA Credit Card and I declare that the information given in this application and all documents submitted to you are complete, true and that I/We have not willfully withheld any material fact. In any of the information given herein changes of becomes inaccurate in any way. I/We shall immediately notify you of such changes or inaccuracy.

Please provide all relevant details solicited in this form. Incomplete disclsure may result in the application being disqualified.

My Personal Details	*	My Employm	ent Details	
Name:		Status:	☐ Salaried Employe ☐ Professional:	e 🗖 Self Employed
Date of Birth:				(Please State)
☐ Citizenship/☐ Passport No:			Others:	(Please State)
Father's Name:		Company Name: (
Grand Father's Name:		Nature of Business: (
Marital Status: Single Married		Address:		
No of Dependents:				
Children: Parents Spouse C	Others	Phone No: (
Residential Status: Self owned Family Owned F	Rented	Date Joined: (
My Current		(if employed)/ Year established:		
Residential Address:		(Own business): [
		Post / Designation:		
Mailing Address:		Name of previous		
		employer:	(If less then I year wi	th current employer)
2				1 2 7
Permanent Address: (if different from Residential Address	s):	Please Provide Supplementary Card to: Name:		
		Relationship to me :		
Residential Phone No:		Date of Birth:		
Mobile No:		Passport/ Citizenship No:		
Email:		Occupation:		
		Spending Limit:		
My Supporting Documents				
In order for us to process your application, please provide a c Identity Document:	opy of	your valid identity and inc Income Document:	come document, as sta	ted below.
☐ Copy of Citizenship		☐ Salary Certifica	te (for salaried individual	duals)
☐ Copy of valid passport		☐ Latest Profit and loss statement (for Self-employed)		
☐ Valid Driving License		Rental Agreemen	nt and property owner	ship documents
Pensioner ID				

My Mode of Payment			
Please tick as appropriate: Auto Debit – please debit my account no outstanding or minimum NPR 1,000.00 on Auto Debit – Please debit my account no _	the Statement Date.		
minimum NPR 1,000.00 on the Statement I Direct Payment – I will arrange to repay the		n my own.	
My Billing Address			
Please tick as appropriate: Electronic Mode: I would like to receive m	y Monthly Statement by E-mail to the fo	llowing addres	SS
Print Mode: Please post my Monthly Stater	ment to the following address:		
	Privacy Consent and Declaration		
I/We authorize Laxmi Bank to obtain verification of n and any other material information that may be required.			counts, details of assets and liabilities
I/We accept that the issuance of a Laxmi Bank Credit under the laws of Nepal with the capacity to enter into Bank regulations as intimated to the Bank from time t assigning any reason, notwithstanding that I/we the a supporting documents submitted to you shall become	contracts. The application should be a citizen o time. Further I/we accept that Laxmi Bank applicant may <i>prima facie</i> satisfy the eligibil	of Nepal or sho reserves the righ ity criteria and i	uld be eligible under the Nepal Rastra at to reject my/our application without
I/we acknowledge that the Card may only be used up available to me/us with the Card. I/we jointly and se thereto from time to time.			
I/we jointly and severally:			
 confirm that I am/we are not an un-discharged irrevocably and unconditionally consent for L 	1 ()		
Laxmi Bank considers appropriate to any person wherever situate for any purpose what foregoing information to the fullest extent per	son to whom disclosure is permitted or requisoever and it is hereby agreed that Laxmi Ba	red by any statu ank and any off	tory provision or law or to any other
Without prejudice to the foregoing, I/we cons purpose of collecting and providing informati organization or corporation to any member the	on relating to the credit standing of persons,	and to the disc	losure by such credit bureau or other
- agree that as the Principal Card Member I/we cash advances, annual fees and all other fees and card Member shall be responsible for all liabil in respect of the supplementary card issued to statement and that the continuation of the mer	I charges) incurred in respect of the principal ca ities (including all liabilities incurred in respe him/her. I/we also understand that the suppl	rd and all supple ect of goods and ementary card f	mentary cards and each supplementary services and cash advances) incurred ees and charges shall be billed to my
 agree that Laxmi Bank shall be entitled at it additional charges, finance charges, the specifical 	•		
- agree and consent for Laxmi Bank to commur Laxmi Bank may deem appropriate at my/our time. I/we hereby authorize Laxmi Bank to acc or SMS with regard to such promotions and L	contact details set out in this application or cept and act upon all communications or instru	which I/we may uctions from me	furnish to Laxmi Bank from time to /us to Laxmi Bank via electronic mail
I have acknowledged, read and understood the pare true and correct.	privacy consent and declaration above an	d that the deta	ils contained in this application
Primary Applicant's Name	Signature	_	Date
Supplementary Applicant's Name	Signature	_	Date