



APPLICATION FOR STATE BANK OF INDIA TRAVEL CARD

BRANCH NAME:

Date:

Transaction Details: Currency USD

Amount in Foreign Currency

Amount in Local Currency

Personal Information:

Name of the Applicant:

Current Address of the Applicant:

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Phone No Mobile No

Gender: Male Female

Email ID

Your Prepaid Card Statement will be sent on the above Email ID.

Security Details:

Mother's Maiden Name:

Date of birth of the Applicant:

National ID Number

Expiry Date

Passport Number

Place of Issue

Date of Issue

Expiry Date

Emergency Details:

Name of the person to contact

Relationship with the Applicant Phone No

Permanent Residential Address

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Business/ Office Name & Address of the Card Holder

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Funding Details: MVR/USD

Cash Cheque Amount Debit SBI A/c No

Nature of employment:

Self employed Salaried Professional Retired Business Others

Professional Details/ Employment:

IT Government Travel/Tourism Medical Education Trading Legal

Small Scale Industry Export/ Import Transport Construction/Real estate Others

Please fill this section for Salaried Card Holder: you work for:

Govt. Dept. Public Ltd. Co. Private Ltd. Co. Partnership/Proprietorship

Name of the Company Designation Years at Current Job

Please fill this section for self-employed Card Holder: your firm is:

Private Ltd. Co. Proprietorship Partnership

Designation Years at Current Business Years at Previous Business

Capital Investment (MVR mio) Annual Turnover (MVR mio)

If NO,

Income Details (Optional):

Income per annum (MVR)

Bank Details: Are you a Customer of SBI?

Yes No If yes then number of years with the Bank Customer ID No

Nature of Account: Deposit Personal/Loan Mortgage Loan Housing Loan Other

Name of your main banker Branch Name A/c No

Nature of Account: Current Savings Term Deposit Loan Other

Travel Details:

Country of Travel Date of Travel Number of Days of Travel

Type of Travel: Business Personal/Leisure Education Medical Other

Please Sign This Authorization

I hereby apply for the issue of a SBI Travel Card to me and declare that the information included in the application is true and correct and that I am a Resident Maldivian/foreign national residing in Maldives/Non Resident Maldivian and that I am eligible to apply for an internationally valid card. I accept that State Bank of India is entitled in its absolute discretion to accept or reject this application without assigning any reason what so ever. It is my responsibility to obtain the terms and conditions applying to the SBI Travel Card as may be in force from time to time and use of the Card shall be deemed to be acceptance of those terms and conditions. I authorize State Bank of India to verify any information or otherwise at my office/residence or to contact me/my employer/Banker/Credit Bureau/MMA or any other source to obtain or provide any information that may be required for confirming eligibility for issue of issue of SBI Travel Card. I understand and acknowledge the local laws and MMA regulations, laid down norms and limits for the purchase and use of foreign exchange. I undertake that the usage of the SBI Travel Card by me will be in accordance with the Exchange Control Regulations of the MMA and the applicable laws in force from time to time . In the event of any failure on my part to do so or in the event of any information supplied by us/me being incorrect or inaccurate, I agree that I will be solely liable for any/all penalties and/or action under the local laws and/ or regulations as may be in force, governing the purchase and use of the SBI Travel Card.

Signature of Applicant

Place Date

FOR OFFICE USE ONLY

Documents Submitted

1. Please ensure you have verified the following documents:
i. Form ii. Copy of Passport or National ID iii. Copy of Work Visa (if foreigner)

Verified the application and the relative documents

Signature of authorized official

2. Details of the Application form uploaded in the Card Management System on

3. Travel Card Welcome Pack

Ref. No. Received the Travel Card Welcome mentioned above.

Signature of the authorized official

Signature of Applicant

Date

Date