



LIC Cards Services Ltd

Registered office: Jeevan Prakash Building,
6th floor, 25, K.G. Marg, New Delhi-110001.

Corporation Bank

Corporate Office: P.B.No.:88, Mangaladevi Temple
Road, Pandeshwar, Mangalore - 575 001



कार्पोरेशन बैंक
Corporation Bank

ID 229

LIC CREDIT CARD APPLICATION FORM

www.liccards.com

Toll Free No.: 1800 22 66 06

Application No:

• Nil Joining/ Annual/ Renewal fees • Interest free credit period from 15 days to 45 days • Double reward points on LIC premium payment

Instructions

1. Please fill in all columns with required details in BLOCK LETTERS. Absence of mandatory information may result in rejection of application.
2. Submit all documents as required at the end of the application form.
3. Most Important Terms & Conditions (MITC) is available in our website <http://www.liccards.com>.
4. Only resident Indian citizens are eligible to apply.
5. The Credit Card is issued, managed and maintained by Corporation Bank

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Please sign here in Black Ink →

1. Usage Preference

Domestic Only [Gold/Platinum Magstripe] International/ EMV chip [Only Platinum card, International cards can be used in India also]

2. Relationship with LIC

LIC Policy Holder [] LIC/Group Co Employee [] LIC Agent []
 Policy No: Total LIC Premium paid on own life per annum : ₹
 SR No: LIC Agent Code: Office Code:

3. Relationship with Corporation Bank

Existing Customer: Yes No If Yes, SB/CA/FD/Loan A/c no. Banking with Corp Bank Since: Y Y M M

4. Personal Information (Fields marked with * are optional)

Name: Mr / Mrs / Ms / Dr. First name Middle name Last Name
 Name to be embossed on the Card: (Max. 19 characters incl. spaces)
 Date of Birth: D D M M Y Y Y Y Sex: Male Female
 Marital status: Single Married Others, Please specify No. of Dependants
 PAN No: *Voter ID:
 *Passport No: Place of Issue:
 *Driving License No: Place of Issue:
 *Aadhaar Card No: Vehicle Owned: 2 wheeler 4 wheeler none
 Mother's Maiden Name:
 Name of Nominee (for insurance, if applicable)
 Relationship of nominee with applicant

5. Employment Details

Occupation: Salaried Self Employed Professional Retired Housewife Student Others, Pl. Specify
 Tenure in current job Y Y M M Total work experience: Y Y
 If Salaried, employed with: Govt PSU MNC Private Partnership Others, Pl. Specify
 Company Name: Employee ID:
 If Self employed, field of activities: CA Doctor Lawyer Consultant Engineer Trade Manufacturing Service Others

6. Contact Details

Telephone No: Residence: S T D C o. Office: S T D C o.
 Mobile No: Email ID:

7. Address (Please attach proof of address)

Present Residential Address:

 City Pin State
 Duration in the present address Y Y M M Type of Residence: Owned Family Owned Rented Company Leased Quarters

