



**B. Product owner details ( TO be filled in BLOCK CAPITALS)**

1. Full Name  Mr.  Mrs.  Ms.  Others (Specify) \_\_\_\_\_ This is how your name will appear on the product kit, please leave a space between each part of the name

2. Relationship with Applicant \_\_\_\_\_

3. Date of Birth \_\_\_\_\_ 4. Gender  Male  Female 4. Marital Status  Single  Married  Divorced  Widowed

6. Nationality  Resident Indian  Non Resident Indian  Foreign National\* If a Non-Resident Indian or foreign National\* Please Mention the Country you reside in \_\_\_\_\_

7. Father's Name in Full  Mr.  Others (Specify) \_\_\_\_\_ Fill NRI Questionnaires \* Subject to applicable Indian laws/regulations

8. Mailing Address  Residence  Office \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ PIN \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_

9. Permanent Address (if different from Mailing Address) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ PIN \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_

10. Telephone with STD Code : Residence \_\_\_\_\_ Mobile \_\_\_\_\_ E-mail \_\_\_\_\_  
 Office \_\_\_\_\_ (i) Do you wish to receive service communication?  Yes  No  SMS  Email (ii) Do you wish to receive alert about new projects & services  Yes  No  SMS  Email

10. Educational Qualification  Post Graduate and above  Graduate  Diploma  12th Pass  10th Pass  Below 10th Pass  illiterate  Others (Specify) \_\_\_\_\_

11. Occupation  Service  Business  Self Employed  Professional  Student  Retired  Homemaker  Others (Specify) \_\_\_\_\_

12. Occupation Details Name of the Organization/Business : \_\_\_\_\_

Address of the Organization/Business	Nature of Duties	Designation	Years of Service / Business	Annual Gross Income (in Rs.)
_____	_____	_____	_____	_____

Paste here (do not pin or staple)  
 \* A recent Passport size photograph (not more than 6 months old)  
 \* Photograph should not exceed this box.

**C. Product Details**

1. Plan Name \_\_\_\_\_

2. (a) Plan Term \_\_\_\_\_ (b) Payment Term (for the period of twelve month) \_\_\_\_\_ Year 3. (a) Plan amount (in Rs.) \_\_\_\_\_

Cheque/DD  Credit Card\*  Direct Debit  Others (Specify) \_\_\_\_\_

**D. Additional Information**

1. Details of Initial Deposit Type of Deposit  Crossed Cheque/DD  Bank Draft  Cash\*  Credit Card

\*Instrument No. \_\_\_\_\_ Instrument. Date. \_\_\_\_\_ Amount in (Rs.) \_\_\_\_\_ Name of the Bank & Branch: \_\_\_\_\_  
 In case where plan amount is paid In cash, trectAgency i BAP /CP /DM hs acting as an agent of customer and The company shall not be in any way liable or responsible till such time the said amount is received at any office of The company.

2. Amount will be paid by  Applicant  Product Owner  Others (Specify) \_\_\_\_\_  
 if other, please provide the following details Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_ Annual Income of the Amount Payor \_\_\_\_\_

3. Permanent Account Number (PAN): \_\_\_\_\_  Applied for  NA

**E. Documentation Required**

**Proof to be submitted by applicant**

1. Age Proff  Passport  PAN Card  School Certificate  Driving License  Birth Certificate  Others (Specify) \_\_\_\_\_

2. Identity Proof  Passport  PAN Card  Voter's ID Card  Driving License  Others (Specify) \_\_\_\_\_

3. Address Proof  Telephone Bill\*  Ration Card  Electricity Bill\*  Bank Statement\*  Others (Specify) \_\_\_\_\_

4. Income Proof  ITR  Audited P &La/c  CA Certificate  Others (Specify) \_\_\_\_\_

5. Recent Passport size photograph to be submitted (not more than 6 months old)  
 \*The electricity bill, telephone bill and the bank statement should not be more than six month old  Yes  NA

**Proof to be submitted by Product Owner**

1. Age Proff  Passport  PAN Card  School Certificate  Driving License  Birth Certificate  Others (Specify) \_\_\_\_\_

2. Identity Proof  Passport  PAN Card  Voter's ID Card  Driving License  Others (Specify) \_\_\_\_\_

3. Address Proof  Telephone Bill\*  Ration Card  Electricity Bill\*  Bank Statement\*  Others (Specify) \_\_\_\_\_

4. Income Proof  ITR  Audited P &La/c  CA Certificate  Others (Specify) \_\_\_\_\_

5. Recent Passport size photograph to be submitted (not more than 6 months old)  
 \*The electricity bill, telephone bill and the bank statement should not be more than six month old  Yes  NA

**DECLARATION, AGREEMENT & AUTHORIZATION**

**DECLARATION**

I/We \_\_\_\_\_ S/o, D/o \_\_\_\_\_ Aged (About) \_\_\_\_\_ have read this application and got read explained the application, and furnished the information, after fully understanding the content thereof, and I/We have also understood the term and condition of the product that I/We have applied for INVe have made complete true and accurate disclosure of all fact to the best of my/our knowledge and belief and that I have not withheld any information. I/We hereby declare, on my/our behalf, that the above statements, answers and/or particulars given by me/us are true and complete in all respects to the best of my/our knowledge. I/We understand that the information provided by me/us from the basis of The Company product and that the product is subject to Board approved process product of the The Company and the product kit will come into useable only after full receipt of the product amount and receive product kit and usage of any gift, certificate, voucher and health check-up after receiving product kit. I/We understand cancellation of agreement will be considered and accepted within 15 (fifteen) days from receiving of product kit. For this purpose applicant / product owner must be visit registered office of The Company along with required documents. I/We authorized The Company to share Information pertaining to my/our application form with any Governmental and i or your related business partners and vendors. Further, the information may also be shared for the purpose of product related services.

**TERMS & CONDITIONS**

- Membership fee is non -refundable.
- Indian Value Card benefits of can be availed by individuals ( Indian and Foreign national) and corporate by taking the membership.
- The membership term (validation period) shall be of twelve (12) month from the date of issue and duly printed on the kit.
- Use of Indian Value Card membership constitutes the acceptance of the terms and conditions mentioned herein.
- The membership shall entail the granting of a memberships to the member, entitling the member to get the benefits given in product literature and not other than that
- All Benefits are subject to the terms and conditions mentioned in brochure and Voucher(if any).
- The benefits available to Indian Value Card member shall be given on the rack Rate/Printed rate means a standard for the various product offers and does not include any other discounts packages or promotions.
- All reservations are subject to availability of space: membership benefits !vouchers cannot be used in conjunction with any other reduction, promotion and special packages of during events.
- The Indian Value Card member is eligible for the only benefits as mentioned in the brochure or Various vouchers available on becoming a member of Indian Value Card.
- All Participating establishment are independently liable/ responsible for the quality of products/services of otherwise provided by them under this program. Indian Value Card shall not be liable in any manner whatsoever for any loss/damageclaim under this program. Indian Value Card shall not be liable in or services availed by the cardholder under the program.
- Cancellation will be accepted only within the free lock period which is fifteen (15) days from the date of issue of kit and the member shall not be allowed to utilize any of the vouchers of services listed in the brochure.
- Any disputes arising out of this program shall be subject to the exclusive jurisdiction of the competent courts in Lucknow.
- Fraud of abuse concerning Indian Value Card membership card is subject to appropriate administrative and/or legal action by jurisdiction of the state, including, termination of membership.
- By signing the application form member is hereby authorizing the officials of Indian Value Card to update the member about the promotions by telephonic calls, short message services (SAAB) and mailer despite of the fact that the member's contact number id registered with NDNC (National DO) not Call) directory of TRAI/Govt. of India.
- Indian Value Card Deals in Holiday Packages and Tour and Travels only. Indian Value Card not deals in any type of Loan/ Over Draft limit/ Any type of fraud commitment.
- A Indian Value Card member can gift his/her card only in under the condition if the details of the beneficiary are duly provided in the Application form.
- The Indian Value Card member shall enjoy services without causing any inconvenience or disturbance to other member/customer.
- The Indian Value Card membership is open to person above 18 years of age only. However the Benefits of Indian Value Card members can be availed by the close family of the Indian Value Card member.
- While being accompanied by Indian Value Card membership without reference to their age for the purpose of accommodation, child below 05 years is on complementary basis and every child between 05-12 years will be charged with an supplement cost whether he/she is staying with and extra bed or sharing parents bed. And every child above 12 will be considered as an adult in the hotel and will be charged for extra bed everytime.
- Indian Value Card reserves the right to add, modify, withdraw or delete any of the rules, terms and Conditions. duration of the program, participating, members, with or without any prior notice. A final decision in this regard and final and binding on the members of the Indian Value Card.

**AUTHORIZATION**

I hereby irrevocably authorised any organization, institution, or individual, that has any record or knowledge of my any untrue statement be contained in this application or the money used by me to pay the product amount this application has not been derived from any criminal or illegal activity or any unknown sources or may hereafter be provided or other personal information, to disclose to The Company, such information. This authorization shall bind my successors and assigns and remain valid notwithstanding my product benefit, in so far legally possible. A photocopy of this authorization shall be valid as the original.

\_\_\_\_\_  
 (Signature/Thumb Impression of Applicant)

\_\_\_\_\_  
 Signature/Thumb Impression of Product Owner (deferent from applicant)

Name of the applicant : \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 Date : \_\_\_\_\_

Name of the Product Owner: \_\_\_\_\_

Name of Witness : \_\_\_\_\_  
 Address of Witness: \_\_\_\_\_

\_\_\_\_\_  
 Signature of the witness

Date: \_\_\_\_\_ Place: \_\_\_\_\_



**INDIAN VALUE CARD**

Application No: \_\_\_\_\_

Registered Office : 323, 1<sup>st</sup> Floor Deva Palace Viram Khand-I, Gomti Nagar, Lucknow-226010

visit us : [www.indianvaluecard.com](http://www.indianvaluecard.com)

Ph.: 0522-4067480

**ACKNOWLEDGEMENT RECEIPT**

"A/C Payee" Cheque/Draft should be drawn in favour of "Indian Value Card"

Application No: \_\_\_\_\_ Applicant/Product Owner Name: \_\_\_\_\_

Direct/Agency/BAP/CP/DM Name & Address : \_\_\_\_\_

Amount: \_\_\_\_\_ Type of Deposit :  Cheque  Case  Bank Draft  Other

Cheque/Draft No: \_\_\_\_\_ Bank Name \_\_\_\_\_ Cheque Date \_\_\_\_\_ Plan Opted by Applicant \_\_\_\_\_

for Indian Value Card

**IMPORTANT**

A. Commencement of Indian Value Card plan will not effect unit the plan is accepted by The Company.

B. This is an acknowledgment receipt

C. In case where plan amount is paid in cash, The Direct/Agency/BAP/CP/DM is acting as an agent of customer and Indian Value Card shall not be any way liable or responsible till such time said amount is received at any office of Indian Value Card.

Signature of Direct/Agency/BAP/CP/DM

Date: \_\_\_\_\_

**DECLARATION IN CASE OF VERNACULAR (Can be signed by sales person / witness or relative)**

Declaration by the person filling in the Application. (Incase the Application is filled up / signed in a language different from that of the Application form. I hereby declare that I have fully explained the contents of the Application form and all other documents incidental to availing the Application form from Indian Value Card to the Applicant in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the Applicant and the replies have been read out to; fully to, understood and confirmed by the Applicant.

Declarant's Name \_\_\_\_\_ Address \_\_\_\_\_  
 Pin \_\_\_\_\_ Signature of Declarant \_\_\_\_\_  
 Date \_\_\_\_\_ Place \_\_\_\_\_

**DECLARATION IN CASE THE APPLICANT IS ILLITERATE**

In case the Applicant is illiterate, a person of standing, unconnected with The Company, but whose identity can easily be established, should give the following declaration after attesting left thumb impression of the Applicant

I hereby declare that I have explained the contents of this Application in \_\_\_\_\_ language to the applicant. The same have been fully understood by him/her and replies I have been recorded as per the information provided by the Applicant and the replies have been read out to and fully understood by and confirmed by the Applicant. The Applicant has affixed his/he left thumb impression in my presence. Name of Declarant' Address:

Name of Declarant: \_\_\_\_\_  
 Address : \_\_\_\_\_ Pin \_\_\_\_\_  
 Date \_\_\_\_\_ Place \_\_\_\_\_  
 Left Thumb impression of Applicant \_\_\_\_\_  
 Signature of Declarant \_\_\_\_\_

**SALE REPORT**

In case the Amount payer is different from the Applicant hs/she needs to attest the following declaration.

I declare that I will pay the amount falling due on this Application for Indian Value Card

Name of Amount Payor \_\_\_\_\_  
 Relationship with Applicant \_\_\_\_\_  
 Address: \_\_\_\_\_ Pin \_\_\_\_\_  
 Date \_\_\_\_\_ Place \_\_\_\_\_  
 Signature of Declarant \_\_\_\_\_

**SALE REPORT**

DIRECT / AGENCY / BAP / CP / DM CODE

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Name of the DIRECT / AGENCY / BAP / CP / DM Person

\_\_\_\_\_

DIRECT / AGENCY / BAP / CP / DM Mobile No

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- Name of the Applicant \_\_\_\_\_
- Are you relate to the applicant / Product Owner if yes, nature of relationship \_\_\_\_\_  
 Yes  No
- is this Application on your own ?  Yes  No
- Name of Plan opted by Applicant / Product Owner \_\_\_\_\_
- Product amount paid by Applicant/ Product Owner (in Rs.) \_\_\_\_\_
- Have you explained fully the terms and conditions of the plan to the Applicant  Yes  No
- (a) Are you satisfied with the Identity of the Applicant / PO  Yes  No  
 (b) Does the Applicant / PO have any physical deformity / defect or mental reparation ?  Yes  No  
 (C) What is the estimate income of the Applicant / PO \_\_\_\_\_
- Has the Applicant been informed about the charges?  Yes  No
- Do you recommend acceptance of this Application considering all the factors.  Yes  No

Certification: I have carefully ascertained the above information and recorded them. All the answers are true and correct to the best of my knowledge and belief. Date \_\_\_\_\_

\_\_\_\_\_

- Incase of Corporate Partner (CP), Specified Person (SP) to sign / stamp & provided his / her details.
- Incase of BAP authorised person to sign & provide their details.
- Respective agency / Direct as specified above to authenticate all documents like KYC, with their signature & Original seen Verified.

Signature of the DIRECT / AGENCY authorised person of BAP / CP / DM

Seal/Stamo of BAP / CP who source the business.



# INDIAN VALUE CARD