

Application Form - Add-on Credit Card

Details of Add-on Applicant:	LIC Credit Card I	Number:	
Mr. Mrs. Dr.			
First Name			
Middle Name			
Last Name			
Name as desired on the Credit Card - Max 19 cha Mother's maiden name - For caller identification only	racters		Add-on Applicant's Photograph
Sex Date of Birth	YYY	Occupation	n
Relationship with Primary Holder - Over 15 yrs. of Spouse Son / Daughter	Parents	Bro	other / Sister In-laws
Existing Axis Bank Customer Axis Bank Savi Yes No Address	ing / Current / FD / Lo	pan Account / De	bit Card No.
Landmark			
City	State		
Pin Code STD Co	de	Landline No	
Please Note:Addon Applicant to provide KYC do applicant does not stay with primary cardholder. Declaration by Primary Applicant: I have applied for additional card (available for R years of age) I will be billed separately for such a any) will be billed in my statement. Further, I applicated the continuation of my membership. I understand that continuation of my membership. I understand accordance with all applicable laws (including with regulations including foreign exchange control reaction/prosecution or penalty as prescribed.	esident Indian parent, an additional card in r gree that all commun ion of the membershi nd & undertake that t thout limitation to any	parent in law, spo ormal monthly s ication pertaining p of the additions the usage of the government act	ouse, brother, sister or child over 15 tatement. The Additional Card fee (i g to the add on cardholder shall be al cardmember will be dependent or LIC Credit Card shall be strictly ir s, orders, decrees, guidelines, rules &
Place:		Prin	nary Applicant Signature

The form should be sent to us with the relevant supporting documents by fax/ e-mail/ courier to:

LIC Cards Customer Service - Add-on Form

Axis Bank Ltd., Credit Card Operations, 4th Floor, NPC1 Building No. 1, Gigaplex Plot - IT5 MIDC, Airoli Knowledge Park, Airoli, Navi Mumbai - 400 708. Fax: 022-40754632, Email Id: liccards@axisbank.com, Contact No: 1800 233 1100