



NOMINEE DETAILS FOR INSURANCE COVER ON SELECT ESFB CREDIT CARDS

Date :

Customer Name:

ESFB Credit Card No: (Last four digits of your credit card)

Additional Mandatory Information (Customer Id (For Account Holders) / Registered mobile number / Registered Email ID)

Please add/update the following nominee details for insurance feature on my ESFB Credit Card

NOMINATION DETAILS (ONLY FOR INSURANCE FEATURE ON ESFB CREDIT CARD)

Name of the Nominee

Relationship with the Nominee Nominee's Date of Birth

If nominee is minor, please provide Guardian's Name

I declare that above given information is true and correct to my knowledge. I understand and acknowledge that the details provided in this form will be governed by the terms and Conditions as mentioned in the Cardmember Agreement.

Nomination details as provided above will replace the nomination details provided by me earlier, if any

Date:

Place:

(Primary cardholder's signature)

Please download and print this form, and send it across to the below address:

To
Credit Cards Division, Equitas small finance bank limited, 4th floor, phase II, Spencer Plaza, no.769,
Mount road, Anna Salai, Chennai ,Tamilnadu, India - 600 002