APPLICATION FORM

Date



Please read the Important Information be	low: (Complete in BLOCK LETTERS)
Title (Mr/Mrs/Ms/Miss):	
First Name(s):	
PAN number:	
Passport number:	Date of Issue:
Place of Issue:	
Postcode/Pin Code:	
Home Phone:	Mobile Phone:
Email:	
Date of Birth:	
Mother's Maiden Name:	
Father's Middle Name:	
Cook (India) Ltd., for the purposes relating to providing the processor of the consenting to Thomas Cook (India) Ltd. using your Personal Infection to time. If you have any privacy concerns, please contact us on By ticking this box, you consent to being contacted by en products, promotions and customer surveys that we may conformation, please see the full Terms and Conditions Cardholder declaration: I hereby apply for the issue of a Thomas Cook Borderless Prepair to apply for the Card. I accept that Thomas Cook (India) Ltd., or whatsoever. It is my responsibility to obtain the Terms and Conditions	d Card to me and declare that the information included in the application is true and correct and that I am eligible r its Agents, are entitled in its absolute discretion to accept or reject this application without assigning any reason litions as applicable to the Thomas Cook Borderless Prepaid Card and to read and understand the same. By accepting tailed in the Terms and Conditions brochure and the rules and regulations in force from time to time, as issued by med to have accepted the Agreement.
Signature of Customer Date: Additional Declaration for Parent / Legal Guardian I, the undersigned, warrant and represent that I am the parent I am entering into this Agreement as parent / legal guardian of	t or legal guardian of the minor whose name appears as the cardholder above and by signing below I confirm that
	Name of Parent / Legal Guardian:

Additional Declaration for Business in the case of Thomas Cook Borderless Pre homas Cook (India) Ltd., or an authorised persons acting on behalf of said employer.	s Card Application: paid Cards being issued to me for travel at the rec Agent appointed by Thomas Cook (India) Ltd., to loa	quest of my employer,d, reload, cash out unspent funds	
signature of Customer			
Pate:			
FOR OFFICE USE ONLY			
To be completed while the cu	stomer is present.		
Please indicate if this is for:			
☐ A new Card and/or Addition	onal Card		
Card number:			
Additional Card number (if p	urchased):		
Currency	Amount in Foreign Currency	Am	ount in Indian Rupees
JS Dollar			
GB Pound			
curo			
Australian Dollar Canadian Dollar			
Swiss Francs			
apanese Yen			
Singapore Dollar			
/alid documents collected and veri	 fied (in original) by Agent:		
	icket Form A2		
Branch/Agent Code:			
ssuing Authority Name:			
signature of Issuing Authority:			



Place: ____

Date: _____

Time: _____