



PKN APPLICATION FORM

Name* : _____
(First Name) (Middle Name) (Last Name)

Date of Birth* : ___/___/___ E-Mail : _____
dd mm yyyy

Office Address

Residence Address

City _____ PIN _____
Telephone _____
Fax _____

City _____ PIN _____
Telephone _____
Fax _____

Permanent Address

Please click your credit card Billing address

City _____ PIN _____
Telephone _____

- Office Address
- Residence Address
- Permanent Address

*Should be same as on credit card or given to your Issuing Bank

Card Details

Card Number: _____ Expiry Date(mm yy): ___/___
Issuing Bank: _____

Additional Security Information

Place of Birth: _____ Mother's maiden name: _____

Document enclosed

- Photocopy of the credit card (both sides)
- Copy of credit card's last statement

Declaration:

"I confirm that the above information is correct. I shall be responsible for the secrecy of the PKN and will honour all the transactions done through PKN on the above cards without any dispute".**

Date : _____
Place : _____

Signature of the Cardholder

Note : For each credit card you would need to apply separately. **Terms and conditions apply

Please post the form with documents to:

PO BOX no. 4237 Greater Kailash-II, New Delhi 110048, India.
Telephone: +91-11-6424206 Fax: +91-11-6461820 Email: helpdesk@pknid.com