

REQUEST FOR CREDIT CARD LIMIT ENHANCEMENT

PLEASE FILL THE FORM IN CAPITAL LETTERS

Date:
Dear Sir/Madam
I Request to apply for a permanent credit limit increase on my existing ESFB Credit Card as mentioned below
Name of the Primary Cardmember :
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)
Occupation : Salaried Self Employed
I HEREBY ENCLOSE SELF-ATTESTED COPIES OF MY: (Tick any one)
Latest individual ITR along with Computation Sheet Last 2 Months Pay Slips
 I understand that the Credit Limit enchantment is at the sole discretion of Equitas Small Finance Bank LTD I agree that all the Terms & Conditions of the Cardmember Agreement shall apply
(Primary cardholder's signature)
Please download and print this form, and send it across to the below address:

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То

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