

INDIVIDUAL ACCOUNT OPENING FORM

FOR BRANCH USE													
ACCOUNT NUMBER	6		-			-			-				
CUSTOMER CATEGORY	<input type="checkbox"/> Individual												

Date: _____

1. ACCOUNT APPLICATION			
Name of Account Holder (as per Identity Document)			
Applicant Type	<input type="checkbox"/> Individual <input type="checkbox"/> Minor <input type="checkbox"/> In Trust For (ITF)		
Type of Account	<input type="checkbox"/> Multi-Tier Savings Account (MTSA) <input type="checkbox"/> Multi-Rate Savings Account (MRSA)		
Currency	BND		
Physical Statements	<input type="checkbox"/> Yes, I hereby request for physical statements and acknowledge and agree to the applicable fee as per the prevailing Baiduri Finance General Tariffs.		
Main Purpose of Opening Account (Tick (✓) ONE only)	<input type="checkbox"/> Savings <input type="checkbox"/> Salary/ Pension <input type="checkbox"/> Loan Repayments <input type="checkbox"/> Investment / Trading <input type="checkbox"/> Remittance <input type="checkbox"/> Others (please specify) _____		
2. EXPECTED TRANSACTION VALUE & VOLUME (Tick (✓) only ONE for each item below)			
Main Type of Transaction	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Transfers		
Deposit Value per month	<input type="checkbox"/> \$0 - \$1,000 <input type="checkbox"/> \$1,001 - \$2,500 <input type="checkbox"/> \$2,501 - \$5,000 <input type="checkbox"/> \$5,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$25,000 <input type="checkbox"/> \$25,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$250,000 <input type="checkbox"/> \$250,001 - \$500,000 <input type="checkbox"/> Above \$500,000		
Deposit Volume per month	<input type="checkbox"/> 0 - 10 <input type="checkbox"/> 11 - 20 <input type="checkbox"/> 21 - 30 <input type="checkbox"/> 31 - 50 <input type="checkbox"/> 51 - 100 <input type="checkbox"/> 101 - 200 <input type="checkbox"/> 201 - 400 <input type="checkbox"/> Above 400		
Withdrawal Value per month	<input type="checkbox"/> \$0 - \$1,000 <input type="checkbox"/> \$1,001 - \$2,500 <input type="checkbox"/> \$2,501 - \$5,000 <input type="checkbox"/> \$5,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$25,000 <input type="checkbox"/> \$25,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$250,000 <input type="checkbox"/> \$250,001 - \$500,000 <input type="checkbox"/> Above \$500,000		
Withdrawal Volume per month	<input type="checkbox"/> 0 - 10 <input type="checkbox"/> 11 - 20 <input type="checkbox"/> 21 - 30 <input type="checkbox"/> 31 - 50 <input type="checkbox"/> 51 - 100 <input type="checkbox"/> 101 - 200 <input type="checkbox"/> 201 - 400 <input type="checkbox"/> Above 400		
3. CHILD'S, PARENT'S OR LEGAL GUARDIAN'S DETAILS			
For Minor account, fill in Parent's or Legal Guardian's details below / For In Trust For account, fill in Child's details below			
Full Name (as per identity document)			
Relationship to Account Holder		Identity Card/Passport Number (if applicable)	
Date of Birth (DD/MM/YYYY)		Birth Certificate Number (For ITF only)	

4. DECLARATION FOR OPENING OF ACCOUNT

I hereby acknowledge receipt of your Standard Terms and Conditions Governing Accounts maintained with you.

I hereby confirm that I have read and understood the Standard Terms and Conditions and I agree that any accounts I maintained with you, including existing or any to be opened in future, shall be subject to the Standard Terms and Conditions Governing Accounts which may be amended and varied from time to time by you, and I agree to be bound by the same.

I hereby acknowledge receipt of the Savings Account Product Disclosure Sheet.

I hereby consent to the collection, use and disclosure of my personal data as set out in the Group's Privacy Policy available at www.baiduri.com. I confirm and agree that my consent is in addition to, and does not override, any other consent which I may have provided to Baiduri Bank Sendirian Berhad and its subsidiaries (collectively, "the Group") in respect of the collection, use and/or disclosure of my personal data.

I warrant that the information provided in this Account Opening form and all supporting document(s) furnished by me are true and correct.

Signature of Applicant

S.V.

Name:

IC/Passport No:

BRANCH USE SECTION

AO Code					AO Name				
Caution List / SIRON KYC			Positive Match		Name & Initial			Branch Stamp	
List Name	Date	Y	N	Original ID Sighted & Caution list / SIRON KYC Checked by					
Bankruptcy									
Litigation									
UCA				Confirmed by (Supervisor and above)					
BFB									
SIRON KYC	<input type="checkbox"/> HRC <input type="checkbox"/> PEP								

Remarks & Approvals Obtained

Prestige & SEP AO Codes

Prestige Centre		Prestige Officer AO (PRM)		SEP Officer AO	
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ACCOUNT MAINTENANCE

BRANCH USE			OAD-CAD USE		
FLEXBRANCH	Name & Initial	Date		Name & Initial	Date
Inputted by			Inputted by		
Authorized by (Supervisor and above)			Authorized by (Supervisor and above)		
Master CIF			Reconciled by		