BAIDURI FINANCE

JOINT ACCOUNT OPENING FORM

FOR BRANCH USE																	
ACCOUNT NUMBER	**6**		**-**			**-**				**-**							
CUSTOMER CATEGORY	☐ Individual																

Date:_____

1. ACCOUNT APPLICATION

For Branch Use	Name of Account Holders (as per Identity Document)			
CIF	1.			
CIF	2.			
Person to Contact		Mobile Phone Number	Country Code	Phone Number
Home Telephone Number	Country Code / Phone Number	Office Telephone Number	Country Code	Phone Number
Email Address (Max 30 characters only)				
Correspondence Address	Postcode			
Type of Product	☐ Multi-Tier Savings Account (MTSA)	☐ Multi-Rate Savings Account (MRSA)		
Currency	BND			
Physical Statements	☐ 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)	☐ Savings	☐ Salary / Pension	☐ Loan Repayments	
	☐ Investment / Trading	☐ Remittance	☐ Others (please specify) _____	

2. DECLARATION FOR OPENING OF ACCOUNT

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

We hereby confirm that we have read and understood the Standard Terms and Conditions and we agree that any accounts we 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 we agree to be bound by the same.

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

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

We warrant that the information provided in this Account Opening Form and all supporting document(s) furnished by us are true and correct

Signing Instructions: ☐ Any One ☐ ALL

Joint Applicant 1 Signature S.V.	Joint Applicant 2 Signature S.V.
Name:	Name:
IC/Passport:	IC/Passport:

3. MANDATE FOR JOINT SAVINGS ACCOUNT

To: BAIDURI FINANCE BERHAD

1. We, the undersigned refer to our request to you to open a savings account [the "New Account"] in our joint names.
2. We authorise and instruct you to honour and comply with all instructions as long as such instructions are signed by

   ..... **[Please indicate ANY ONE or ALL]** of us.

   The undersigned to sign to confirm the insertion above S.V.

   _____ _____

3. We agree that:

   a. nothing in the Mandate between you and us shall be treated as constituting an implied agreement restricting or negating any lien, charge, right of set-off or other right you may have existing or implied by law.

   b. we shall be jointly and severally liable for any loan or overdraft or other credit facilities or accommodation which shall be granted on any account in our joint names, together with all interest, commission and other banking charges and expenses.

   c. in the event of death of either or any one or both or all of us, you shall have the right to pay or deliver to or to the order of the survivor or survivors of us all money, securities, deeds, documents and other property (including security boxes and their contents) whatsoever standing to the credit or held by you for any of the account or accounts in our joint names or permit the survivors to make deposits into the account or accounts in our joint names PROVIDED [a] the survivor or survivors produce to you satisfactory proof of death; and [b] the survivor or survivors giving all written indemnity to you upon terms satisfactory to you and further subject to compliance with any provisions of law or order of court and or the rights of the Bank in respect of such funds arising out any lien, charge, pledge, set-off or any other encumbrance or any claim or counterclaim actual or contingents or otherwise.

S.V. S.V.

_____	_____
Signature of Applicant(s)	Signature of Applicant(s)
Name	Name

4. GROUP MARKETING CONSENT

Do you consent to receive marketing communications from Baiduri Bank, Baiduri Finance, and Baiduri Capital via email, SMS, phone calls, instant messaging platforms, and other applicable channels, in accordance with the Group Privacy Notice? You may withdraw your consent at any time.

☐ Yes, I consent and acknowledge that I may withdraw my consent at any time.
☐ No. I do not consent.

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 ☐ HRC ☐ PEP							

Remarks & Approvals Obtained

Prestige & SEP AO Codes					
Prestige Centre		Prestige Officer AO (PRM)		SEP Officer AO	

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		