

CREDIT CARD INSTALMENT APPLICATION FORM

Credit Card outstanding balance transfer to Credit Card Installment

Requested Amount : BND

Tenor : 36 Months

Total Outstanding Amount : BND

Credit Card Limit : BND

Note: Please be advised credit card will be blocked for CCI application

Reason for Application : _____

(Application date no later than 31st December 2021)

CUSTOMER CREDIT CARD INFORMATION

					-	X	X	X	X	-	X	X	X	X	-				
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CUSTOMER'S INFORMATION – MAIN APPLICANT

Name :		Email Address:	
Employment Address :		Residential Address:	
Date of Birth ___/___/___		Identity Card No: _____ Colour : (Y / P / G)	Telephone No:- H: _____ M: _____ W: _____

No of dependents :

EMPLOYMENT INCOME AND EXPENSES

Name and Address of Employer		Tel. No: _____(O)/(HP-office)
Occupation: _____ How long? _____(yrs)	Gross salary (P.A) BND	
Other Incomes (Please Specify)		
	BND	
	BND	
Expenses (Household & Personal)		
	BND	
	BND	
Net Income p.a.	BND	

Declaration and Consent:

1. I acknowledge and agree to abide by the Terms and Conditions governing the Credit Card Agreement.
2. I hereby confirm that the above is a true and accurate statement of my financial condition as of the date of the statement. I am aware and fully accept that should the statement or any part thereof prove to be false or misleading in any particulars you may recall all facilities granted to me or my business concern or to other borrowers guaranteed by me individually and severally with other guarantors.
3. Monthly instalment set for this plan will need to be paid-off in full. Failure to commit will incur additional financial charge.

Card Holder:

Name: _____

I.C No: _____

Signature _____

Date request _____

****Important Note: Please strike off field that is not applicable****

Documents Required: -

Documents	(√)	Remarks
Letter from employer		
Salary Slip x1 month (if required)		
Copy of IC		
Application Form signed		
Last 3 months account statements required for non-salary assignment to Baiduri Bank		
Supporting Documents (e.g.: tenancy agreement)		

For Bank Use Only

For Branch / CS Use		
Attended & Verified by _____	(Staff Name & Signature)	Branch (stamp) _____
Checked & Confirmed by _____	(Staff Name & Signature)	
For CA Use Only		
Card Status	Payment History (last 12 months)	
<input type="checkbox"/> Current <input type="checkbox"/> Past Due	X days _____	90 days _____
	30 days _____	120 days _____
	60 days _____	180 days _____
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected		
Checked & Confirmed by _____	(Staff Name & Signature)	
For CCS Use Only – Posting in Ascend		
ACTION TAKEN	PERFORMED BY & DATE	CHECKED BY & DATE
IATB – TC3001		
PAMO, PMMO		