

DAY & NIGHT SAFE DEPOSITORY SERVICES APPLICATION

PART A. PARTICULARS

Company Name: _____

Account Number: _____

PART B. PARTICULARS

- I/We wish to apply for the use of the DAY & NIGHT DEPOSITORY SERVICE for cash and cheque deposits.
- I/we agree to pay the upfront deposits for the Key and Pouches provided by the Bank and I/we hereby authorized the Bank to debit my/our
account number for _____ BND _____. These deposits will be refunded to me/us if the Key and Pouches are returned to the Bank upon termination of the services.

PART C. AUTHORIZATION FOR CUSTOMER REPRESENTATIVE(S)

- In addition to the existing authorised signatories to the account, the following persons whose specimen signatures appear below are also authorized singly to (a) collect the pouch returned by the Bank to us, [b] give good receipt, [c] collect from the Bank on my/our behalf, cheque(s) returned unpaid whether deposited through DAY & NIGHT SAFE DEPOSITORY SERVICE or otherwise until advised otherwise by me/us in writing. I/We further confirm that you may communicate with these persons in all matters relating to the DAY & NIGHT DEPOSITER SERVICE;

Name:	IC/PP No.	Signature
_____	_____	_____
_____	_____	_____

PART D. DECLARATION

- I/We hereby acknowledge receipt of the Terms and Conditions governing DAY & NIGHT SAFE DEPOSITORY SERVICES and the Annexure 1.
- In the case of your providing me/us the DAY & NIGHT SAFE DEPOSITORY SERVICES I/we hereby agree to comply and be bound by Terms and Conditions governing DAY & NIGHT SAFE DEPOSITORY SERVICES and the Annexure 1 and acknowledge that these terms including the fees and charges may be amended and varied at the absolute discretion of the Bank and we agree to be bound by such changes as notified by the Bank from time to time.
- I/We hereby declare and undertake that the funds deposited through the Bank's DAY & NIGHT SAFE DEPOSITORY SERVICES will not originate from any operation, transaction or activity which is a criminal offence under the laws of Brunei Darussalam.
- I/We warrant that the information provided in the application form and in any document(s) furnished by me/us is true, accurate and complete.
- I/We shall notify the Bank of any change of my/our Customer Representative(s) in writing and such notification shall be required to be acknowledged and accepted by the Bank at least two (2) business days prior to the effective date of the change of my/our Customer Representative(s).
- I/we enclose herewith the Director's Resolution for the application and use DAY & NIGHT SAFE DEPOSITORY SERVICES. (Required for limited company only)


 Name:
 IC/PP No.


 Name:
 IC/PP No.


 Name:
 IC/PP No.

IC/PP No.
