

CORPORATE ACCOUNT OPENING FORM

FOR BANK USE															
ACCOUNT NUMBER			-			-			-						Date: _____

1. ACCOUNT APPLICATION	
Company Registered Name	
Incorporation / Registration Number	Date of Incorporation / Registration
Correspondence Address	
Post Code : _____	
Type of Account	☐ Current Account ☐ Others _____ (Please specify)
Currency (Tick ☐ ONE only)	☐ BND ☐ AUD ☐ CAD ☐ EUR ☐ GBP ☐ HKD ☐ NZD ☐ USD ☐ JPY
Main Purpose of Opening Account (Tick ☐ ONE only)	☐ Business ☐ Investment / Trading ☐ Loan Repayments ☐ Payroll ☐ Remittance
Signing Instruction	☐ One to sign ☐ Both to sign ☐ Others _____ (Please specify)
Company stamp required	☐ Yes ☐ No
Account statement frequency	☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Semi-annual ☐ Annually

2. CORPORATE ATM CARD APPLICATION																																																												
Where would you like to collect your Card(s)? ☐ Main Branch ☐ Tutong Branch ☐ Seria Branch ☐ Kuala Belait Branch ☐ Others _____ (Please specify)																																																												
ATM CORPORATE CARD (provides access to balance inquiry and mini statement request)																																																												
Number of cards required: _____ pcs (max 3 cards) Name of Company to appear on card (Max 19 characters only) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																																												
ATM DEPOSIT CARD (provides access to Cash/Cheque Deposit only)																																																												
Number of cards required: _____ pcs (max 3 cards) Would you like to personalise your ATM Deposit Card(s)? (a personalisation fee of BND15 per card will be applicable) ☐ Yes ☐ No Name of Company to appear on card (Max 19 characters only) (for personalisation only) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																																												
For ATM Deposit Card only, please provide access to which accounts: <table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																																												

3. CONTACT PERSON INFORMATION

Name of Office Contact Person			
Office Telephone Number		Mobile Number	
Email (Max 30 characters only)			

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/we consent and acknowledge that I/we may withdraw my/our consent at any time.

☐ No, I/we do not consent.

5. DECLARATION FOR OPENING OF ACCOUNT**1. Accuracy of information**

I/We hereby confirm and agree that the information provided in this Account Opening Form and any supporting document(s) submitted to Baiduri Bank Sendirian Berhad (the "Bank") is true, complete and accurate. I/We undertake to promptly notify the Bank of any changes.

2. Terms and conditions

I/We acknowledge receipt of, and agree to be bound by, the Bank's Terms and Conditions Governing Accounts, as may be amended from time to time. I/We also acknowledge and agree to be bound by the Bank's terms and conditions relating to corporate ATM, as may be amended from time to time, once this application has been accepted by the Bank.

3. Product disclosure

I/We acknowledge that the key terms, features, fees and charges of the account have been explained to me/us and/or made available to me/us.

4. Use of personal data

I/We understand that the Bank will collect, use and disclose my/our personal data for the purpose of providing banking and related services, administering my/our account(s), and complying with applicable laws and regulatory requirements.

5. Privacy notice

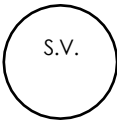
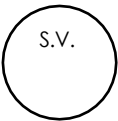
I/We acknowledge that I/We have read and understood the Group Privacy Notice, available at www.baiduri.com, which explains how my/our personal data is collected, used and disclosed.

6. Regulatory disclosure

I/We acknowledge that the Bank may disclose my/our information to regulators, law enforcement agencies or other authorities as required under applicable laws and regulations.

7. Declaration

I/We confirm that I am/we are opening and will operate the account in the company name (or as disclosed in this application), and not on behalf of any undisclosed third party.

S.V.S.V.

Name:

Designation:

I.C. / Passport No.:

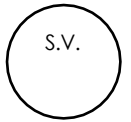
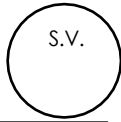
Contact No.:

Name:

Designation:

I.C. / Passport No.:

Contact No.:



Name:

Designation:

I.C. / Passport No.:

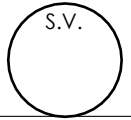
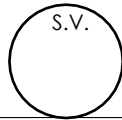
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Designation:

I.C. / Passport No.:

Contact No.:

Name:

Designation:

I.C. / Passport No.:

Contact No.:

Company Stamp (if applicable)

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									
Remarks & Approvals Obtained									
CIF 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				
FOR CARD CENTRE OPERATIONS USE ONLY									
ATM CORPORATE CARD (028)					ATM DEPOSIT CARD (078)				
Application No: _____					Application No: _____				
6 0 1 9 0 0 X X X X X X					6 0 2 1 0 0 X X X X X X				
Application No: _____					Application No: _____				
6 0 1 9 0 0 X X X X X X					6 0 2 1 0 0 X X X X X X				
Application No: _____					Application No: _____				
6 0 1 9 0 0 X X X X X X					6 0 2 1 0 0 X X X X X X				
Corporate Profile		Inputter			1 st Checker / Authorizer		Final Checker		
Application No: _____		Date: _____			Date: _____		Date: _____		