

## CORPORATE ACCOUNT OPENING FORM

FOR BANK USE												
<b>ACCOUNT NUMBER</b>												

Date: \_\_\_\_\_

### 1. ACCOUNT APPLICATION

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

### 2. EXPECTED TRANSACTION VALUE AND 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"/> \$5,001 - \$10,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> Above \$500,000	<input type="checkbox"/> \$1,001 - \$2,500 <input type="checkbox"/> \$10,001 - \$25,000 <input type="checkbox"/> \$100,001 - \$250,000	<input type="checkbox"/> \$2,501 - \$5,000 <input type="checkbox"/> \$25,001 - \$50,000 <input type="checkbox"/> \$250,001 - \$500,000
Deposit Volume per month	<input type="checkbox"/> 0 - 10 <input type="checkbox"/> 31 - 50 <input type="checkbox"/> 201 - 400	<input type="checkbox"/> 11 - 20 <input type="checkbox"/> 51 - 100 <input type="checkbox"/> Above 400	<input type="checkbox"/> 21 - 30 <input type="checkbox"/> 101 - 200
Withdrawal Value per month	<input type="checkbox"/> \$0 - \$1,000 <input type="checkbox"/> \$5,001 - \$10,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> Above \$500,000	<input type="checkbox"/> \$1,001 - \$2,500 <input type="checkbox"/> \$10,001 - \$25,000 <input type="checkbox"/> \$100,001 - \$250,000	<input type="checkbox"/> \$2,501 - \$5,000 <input type="checkbox"/> \$25,001 - \$50,000 <input type="checkbox"/> \$250,001 - \$500,000
Withdrawal Volume per month	<input type="checkbox"/> 0 - 10 <input type="checkbox"/> 31 - 50 <input type="checkbox"/> 201 - 400	<input type="checkbox"/> 11 - 20 <input type="checkbox"/> 51 - 100 <input type="checkbox"/> Above 400	<input type="checkbox"/> 21 - 30 <input type="checkbox"/> 101 - 200

### 3. CORPORATE ATM CARD APPLICATION

Card Applied  ATM Corporate Card  ATM Deposit Card (For Cash/Cheque Deposit Only)

**Name of Company to appear on Card(s)** (Max 19 characters only)

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**Where would you like to collect your Card(s)?**

Main Branch  
  Tutong Branch  
  Seria Branch  
  Kuala Belait Branch  
  Others \_\_\_\_\_  
 (Please specify)

**For ATM Deposit Card only**, please provide deposit access to which accounts:-


### CONTACT PERSON INFORMATION

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

### 4. DECLARATION FOR OPENING OF ACCOUNT

I /We hereby acknowledge receipt of your standard Terms and Conditions governing accounts maintained with you.

I/We hereby confirm that I/We have read and understood the standard Terms and Conditions and agree that any account I/we maintained with you. Including existing or any to be opened in the future, shall be subject to the standard Terms and Conditions governing accounts maintained with the bank and they may be amended and varied from time to time and I/we agree to be bound by the same.

I/We hereby consent to Baiduri Bank Berhad and its subsidiaries (jointly, "the Bank"), as well as its respective agents, authorized service providers and relevant third parties, whether located in or out of Brunei Darussalam to collect, record, transfer, hold and store my/our personal data or carry out any processing, analysis, or any other type of operations on my/our personal data for the purpose of the Bank's research and analysis, providing updates to me/us on the Bank's products and services and/or for the Bank to contact me/us to offer any products or services through EDMs, direct mailers, SMS-es, phone calls, social media, 3rd party sites, or any other type of communication media.

I/We confirm and agree that my/our consent is in addition to, and does not override, any other consent which I/we may have provided to the Bank in respect of the collection, use and/or disclosure of my/our personal data.

I/We warrant that the information provided in the Corporate Customer Information form, Corporate Account Opening form and in any documents(s) furnished by me/us is true, accurate and complete.

I/ We shall be bound by Baiduri Bank Berhad's terms & conditions relating to corporate ATM once this application has been accepted by you. I/ We understand that Baiduri Bank Berhad has the right to decline the application without giving any reason.

S.V.

S.V.

\_\_\_\_\_  
 Name  
 Designation  
 I.C. / Passport No.  
 Contact No.

\_\_\_\_\_  
 Name  
 Designation  
 I.C. / Passport No.  
 Contact No.

S.V.

S.V.

\_\_\_\_\_  
 Name  
 Designation  
 I.C. / Passport No.  
 Contact No.

\_\_\_\_\_  
 Name  
 Designation  
 I.C. / Passport No.  
 Contact No.

S.V.

S.V.

Name

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)	Application No: _____	Last 4: _____
ATM DEPOSIT CARD (078)	Application No: _____	Last 4: _____
Inputter	1 <sup>st</sup> Checker / Authorizer	Final Checker
Date: ____/____/____	Date: ____/____/____	Date: ____/____/____