

# CUSTOMER PERSONAL INFORMATION



| FOR BANK USE    |  |  |  |  |  |
|-----------------|--|--|--|--|--|
| CUSTOMER NUMBER |  |  |  |  |  |

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

(\*) Mandatory fields to be completed

| 1. PERSONAL INFORMATION                                                                                                                         |                                                                                                                                                                                                        |        |  |                        |                       |              |        |  |          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--|------------------------|-----------------------|--------------|--------|--|----------|--|
| Full name (as per identity card/passport) *                                                                                                     |                                                                                                                                                                                                        |        |  |                        |                       |              |        |  |          |  |
| <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss<br><input type="checkbox"/> Other _____ (Please specify) |                                                                                                                                                                                                        |        |  |                        |                       |              |        |  |          |  |
| Gender *                                                                                                                                        | <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                          |        |  |                        |                       |              |        |  |          |  |
| Date of birth (DD/MM/YYYY) *                                                                                                                    |                                                                                                                                                                                                        |        |  | Country of birth *     |                       |              |        |  |          |  |
| Nationality *                                                                                                                                   |                                                                                                                                                                                                        |        |  | Country of residence * |                       |              |        |  |          |  |
| Brunei identity card number *                                                                                                                   |                                                                                                                                                                                                        |        |  | Passport number *      |                       |              |        |  |          |  |
| Brunei identity card expiry date *                                                                                                              |                                                                                                                                                                                                        |        |  | Passport expiry date * |                       |              |        |  |          |  |
| Marital status                                                                                                                                  | <input type="checkbox"/> Single <input type="checkbox"/> Married<br><input type="checkbox"/> Divorced <input type="checkbox"/> Widowed                                                                 |        |  | Number of dependents   |                       |              |        |  |          |  |
| Spouse full name                                                                                                                                |                                                                                                                                                                                                        |        |  |                        |                       |              |        |  |          |  |
| Spouse date of birth (DD/MM/YYYY)                                                                                                               |                                                                                                                                                                                                        |        |  | Spouse title           |                       |              |        |  |          |  |
| Spouse contact number                                                                                                                           |                                                                                                                                                                                                        |        |  | Spouse email           |                       |              |        |  |          |  |
| Are you a U.S. Person? (FATCA Declaration) *                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>A U.S. Person includes a U.S. citizen, U.S. permanent resident (Green Card holder), or a person who meets the U.S. tax residency criteria. |        |  |                        |                       |              |        |  |          |  |
| 2. CONTACT DETAILS                                                                                                                              |                                                                                                                                                                                                        |        |  |                        |                       |              |        |  |          |  |
| Residential address (no P.O. box) *                                                                                                             | <input type="checkbox"/> Owned <input type="checkbox"/> Rented<br><input type="checkbox"/> Mortgaged <input type="checkbox"/> Employer's<br><input type="checkbox"/> Parent's                          |        |  |                        |                       |              |        |  |          |  |
|                                                                                                                                                 |                                                                                                                                                                                                        |        |  |                        |                       |              |        |  | Postcode |  |
| Correspondence address *                                                                                                                        |                                                                                                                                                                                                        |        |  |                        |                       |              |        |  |          |  |
| <input type="checkbox"/> Same as above                                                                                                          |                                                                                                                                                                                                        |        |  |                        |                       |              |        |  | Postcode |  |
| Overseas residential address                                                                                                                    |                                                                                                                                                                                                        |        |  |                        |                       |              |        |  |          |  |
|                                                                                                                                                 |                                                                                                                                                                                                        |        |  |                        |                       |              |        |  | Postcode |  |
| Mobile phone number (Main) *                                                                                                                    | Country Code                                                                                                                                                                                           | Number |  |                        | Home telephone number | Country Code | Number |  |          |  |
| Office telephone number                                                                                                                         | Country Code                                                                                                                                                                                           | Number |  |                        | Office Fax Number     | Country Code | Number |  |          |  |
| Email address (Max 30 characters) *                                                                                                             |                                                                                                                                                                                                        |        |  |                        |                       |              |        |  |          |  |
| Office email address (Max 30 characters)                                                                                                        |                                                                                                                                                                                                        |        |  |                        |                       |              |        |  |          |  |

### 3. EMPLOYMENT DETAILS

|                                                                                                    |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |                                                                                                                                              |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Employment status *                                                                                | <input type="checkbox"/> Salaried                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Self Employed / Business Owner                                                                                                                                                                                       | <input type="checkbox"/> Unemployed                                                                                                          |
| Occupation details<br>(Please tick ( <input type="checkbox"/> ) one option only, where applicable) | <input type="checkbox"/> Civil servant<br><input type="checkbox"/> Private sector employee<br><input type="checkbox"/> Professional<br><input type="checkbox"/> Sales / commission earner<br><input type="checkbox"/> Uniformed personnel<br><input type="checkbox"/> Other                                                                             | <input type="checkbox"/> Construction<br><input type="checkbox"/> Import / export<br><input type="checkbox"/> Money service business<br><input type="checkbox"/> Retail<br><input type="checkbox"/> Service<br><input type="checkbox"/> Other | <input type="checkbox"/> Homemaker<br><input type="checkbox"/> Retiree<br><input type="checkbox"/> Student<br><input type="checkbox"/> Other |
| Job title / designation                                                                            |                                                                                                                                                                                                                                                                                                                                                         | Length of current employment (years)                                                                                                                                                                                                          |                                                                                                                                              |
| Name of current employer / business                                                                |                                                                                                                                                                                                                                                                                                                                                         | Contract expiry date (if applicable)                                                                                                                                                                                                          |                                                                                                                                              |
| Employer/business address *                                                                        | <div style="display: flex; justify-content: space-between;"> <span></span> <span>Postcode</span> </div> <div style="display: flex; justify-content: space-between;"> <div></div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div> |                                                                                                                                                                                                                                               |                                                                                                                                              |
| Annual income (BND)                                                                                |                                                                                                                                                                                                                                                                                                                                                         | Other income (BND)                                                                                                                                                                                                                            |                                                                                                                                              |
| Source of other income *                                                                           | <input type="checkbox"/> Business <input type="checkbox"/> Pension <input type="checkbox"/> Welfare<br><input type="checkbox"/> Investments <input type="checkbox"/> Rental <input type="checkbox"/> Other                                                                                                                                              |                                                                                                                                                                                                                                               |                                                                                                                                              |

### 4. PRESTIGE, BAIDURI SMART & 4UVP PROGRAM

|                     |                                                                                                        |
|---------------------|--------------------------------------------------------------------------------------------------------|
| Program applied for | <input type="checkbox"/> Prestige <input type="checkbox"/> Baiduri Smart <input type="checkbox"/> 4UVP |
|---------------------|--------------------------------------------------------------------------------------------------------|

### 5. WESTERN UNION GOLD CARD

|                     |  |
|---------------------|--|
| WU Gold Card Number |  |
|---------------------|--|

### 6. TAX RESIDENCE INFORMATION

Note: If you are a tax resident in other countries, please complete this section

Please complete the following indicating

- Which country you are a resident for tax purposes
- Your Taxpayer Information Number (TIN) for each country/jurisdiction indicated.

Where a TIN is unavailable, please provide the appropriate reason **A, B, C**

**Reason A** - The country/jurisdiction where you are a resident does not issue TIN to its residents.

**Reason B** – You are unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason).

**Reason C** - No TIN required (Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

| Country/jurisdiction |  | Tax Information Number *<br>(TIN) | If no TIN, please write A, B or C | Explanation for Reason B selected * |
|----------------------|--|-----------------------------------|-----------------------------------|-------------------------------------|
| 1                    |  |                                   |                                   |                                     |
| 2                    |  |                                   |                                   |                                     |
| 3                    |  |                                   |                                   |                                     |

## 7. POLITICALLY EXPOSED PERSON (PEP) SELF DECLARATION

Note: If you are a Politically Exposed Person (PEP) and/or family member/close associate of PEP, please complete this section

☐ I am/was holding a prominent public function<sup>1</sup>

If yes, please provide details:

| Occupation / Position held | Employer/Country | Period Position Held |
|----------------------------|------------------|----------------------|
|                            |                  |                      |
|                            |                  |                      |

☐ I am a family member<sup>2</sup> or close associate<sup>3</sup> of someone who is/was in a prominent public function

If yes, please provide details:

| Name | Relationship | Occupation / Position held | Employer/Country |
|------|--------------|----------------------------|------------------|
|      |              |                            |                  |
|      |              |                            |                  |

1. "Prominent public functions" means: senior positions in the executive, legislative, administrative, military, judicial branches of a government, a government agency, a government-owned corporation or an international organization, or a member of a ruling royal family, or a senior official of a major political party, but excludes middle-ranking and more junior officials.
2. "Family member" means: parent, spouse, child, sibling, in-laws, and includes any adopted family member.
3. "Close associate" means: a person who maintains a close relationship with you or who is able to conduct financial transactions on your behalf.

## 8. 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.

## 9. DECLARATION

I confirm and agree that:

- The information provided in this Customer Personal Information form and all supporting document(s) furnished by me is true, complete and accurate;
- I will notify Baiduri Bank Sendirian Berhad (the "Bank") within 30 days of any change in my circumstances, including but not limited to any change affecting the information provided in this Corporate Customer Information Form;
- The Bank may collect, use and disclose my personal data for the purpose of providing banking services, administering my account(s), and complying with applicable laws and regulatory requirements;
- I have read and understood the Group Privacy Notice, available at [www.baiduri.com](http://www.baiduri.com); and
- I am not acting on behalf of any undisclosed third party.

Signature of Applicant

Name:

S.V

IC No./Passport No.:

Date:

| BRANCH USE SECTION                      |                                                           |                              |                                         |                                                                    |      |              |
|-----------------------------------------|-----------------------------------------------------------|------------------------------|-----------------------------------------|--------------------------------------------------------------------|------|--------------|
| AO Code                                 |                                                           |                              |                                         | AO Name                                                            |      |              |
| Industry Code                           |                                                           |                              |                                         | Sector Code                                                        |      |              |
| Caution List / SIRON KYC                |                                                           | Positive Match               |                                         | Name & Initial                                                     |      | Branch Stamp |
| List Name                               | Date                                                      | Y                            | N                                       | Original ID Sighted &<br>Caution list /<br>SIRON KYC<br>Checked by |      |              |
| Bankruptcy                              |                                                           |                              |                                         |                                                                    |      |              |
| Litigation                              |                                                           |                              |                                         |                                                                    |      |              |
| UCA                                     |                                                           |                              |                                         | Confirmed by<br>(Supervisor and above)                             |      |              |
| BFB                                     |                                                           |                              |                                         |                                                                    |      |              |
| SIRON KYC                               | <input type="checkbox"/> HRC <input type="checkbox"/> PEP |                              |                                         |                                                                    |      |              |
| REMARKS & APPROVALS OBTAINED            |                                                           |                              |                                         |                                                                    |      |              |
|                                         |                                                           |                              |                                         |                                                                    |      |              |
| PRESTIGE & SEP AO CODES                 |                                                           |                              |                                         |                                                                    |      |              |
| Prestige Centre                         |                                                           | Prestige Officer AO<br>(PRM) |                                         | SEP Officer AO                                                     |      |              |
| CIF MAINTENANCE                         |                                                           |                              |                                         |                                                                    |      |              |
| BRANCH USE                              |                                                           |                              | OAD-CAD USE                             |                                                                    |      |              |
| FLEXBRANCH                              | Name & Initial                                            | Date                         |                                         | Name & Initial                                                     | Date |              |
| Inputted by                             |                                                           |                              | Inputted by                             |                                                                    |      |              |
| Authorized by<br>(Supervisor and above) |                                                           |                              | Authorized by<br>(Supervisor and above) |                                                                    |      |              |
| Master CIF                              |                                                           |                              | Reconciled by                           |                                                                    |      |              |
|                                         |                                                           |                              | EDD Update Date                         |                                                                    |      |              |