

**BAIDURI STUDENT ACCOUNT
4U VALUE PACK**



APPLICATION FORM

FOR VISA CLASSIC DEBIT CARD & MASTERCARD CASHCARD

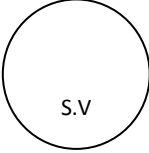
FLEXCUBE CIF									
CIF Number									
PERSONAL DATA									
FULL NAME as in I.C. or Passport									
IC NUMBER			PASSPORT NUMBER			DATE OF BIRTH (DD/MM/YY)			
NATIONALITY [] Brunei Citizen [] Permanent Resident [] Others: _____				CONTACT NUMBER [Mobile]: _____ [Home]: _____			GENDER: [] Male [] Female		
EMAIL ADDRESS (Max 30 characters)									
HOME ADDRESS									
									Postcode: _____
MAILING ADDRESS <input type="checkbox"/> same as home address									
									Postcode: _____
DOCUMENTS REQUIRED: Please bring along original and photocopies of your documents:									
<ul style="list-style-type: none"> • Photocopy of Brunei I.C. 									
ELIGIBILITY:									
<ul style="list-style-type: none"> • Visa Classic Debit Card applicants must be at least 15 years old. • Mastercard Cashcard applicants must be at least 12 years old. 									

PREFERENCES	
My interests:	
<input type="checkbox"/>	Travel
<input type="checkbox"/>	Health & Fitness
<input type="checkbox"/>	Sports
<input type="checkbox"/>	Technology
<input type="checkbox"/>	Others – Please specify:
My ambitions:	
<input type="checkbox"/>	Further my studies
<input type="checkbox"/>	Saving for the future
<input type="checkbox"/>	Start my own business
<input type="checkbox"/>	Others – Please specify:
I would like to receive updates via:	
<input type="checkbox"/>	SMS
<input type="checkbox"/>	Email
<input type="checkbox"/>	I do not want to receive updates

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FOR VISA CLASSIC DEBIT CARD & MASTERCARD CASHCARD



CARD INFORMATION																							
Card Collection																							
Card Collection Branch	<input type="checkbox"/> Main Branch	<input type="checkbox"/> Tutong	<input type="checkbox"/> Seria <input type="checkbox"/> Kuala Belait <input type="checkbox"/> Others: _____																				
Mastercard CashCard																							
Card no																							
Account to be linked	<table border="1" style="width: 100%; height: 20px;"> <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>																						
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Monthly Spending Limit	<i>No monthly spending limit (limited to available funds in respective account); OR</i> <input type="checkbox"/> Requested monthly spending limit of B\$ _____																						
Endorsement																							
<p>I shall be bound by Baiduri Bank Berhad's terms and conditions relating to the Baiduri Debit Cards once this application is accepted by Baiduri Bank Berhad. I understand that Baiduri Bank Berhad has the right to decline this application without giving reasons.</p> <p>I hereby declare that all information provided in this form is correct.</p> <p>I hereby confirm having received the Product Disclosure Sheet and understand the explanation given in my preferred language.</p>																							
Signature																							

Date:																							
FOR BANK USE																							
Program: VDNOBP (5 Years Program)	Officer's Signature/ Branch Stamp		Date:																				
Authorization ID: 0009																							
FOR CARD CENTRE OPERATIONS USE ONLY																							
Mastercard CashCard		Visa Classic Debit																					
Application No: _____	Last 4: _____	Application No: _____	Last 4: _____																				
Inputter & Date	1st Checker/Authorizer & Date	Final Checker & Date																					