

# DEBIT CARD APPLICATION FORM

FLEXCUBE CIF						
Individual CIF No:						

**Please bring along original and photocopies of required documents:**

- Photocopy of valid Brunei IC or ID (Applicant must be at least 15 years old and must hold a Baiduri Savings' or Current Account)

**CHOICE OF CARD & ANNUAL FEES** (Please tick where applicable)

Card Type	Fee (s)
<input type="checkbox"/> VISA Platinum Debit <i>Min. monthly income of BND2k – neither salary assignment nor proof of salary required</i>	B\$18.00
<input type="checkbox"/> Royal Brunei VISA Platinum Debit by Baiduri <i>Min. monthly income of BND2k – neither salary assignment nor proof of salary required</i>	B\$18.00
<input type="checkbox"/> VISA Classic Debit WITH Bonus Points	B\$9.00
<input type="checkbox"/> VISA Classic Debit WITHOUT Bonus Points	Free
<input type="checkbox"/> VISA Supasave Debit	B\$9.00 (Free for first 5 Years)
<input type="checkbox"/> MASTERCARD Smart Executive Platinum Debit <i>For Smart Executive Members only (Min. age of 21 and salary assigned / to be assigned)</i>	Free
<input type="checkbox"/> MASTERCARD Prestige World Debit <i>For Prestige Members only</i>	Free
<input type="checkbox"/> UnionPay Card*	Free / Personalisation B\$15.00

<b>Name to appear on card</b> (Max 19 Characters only)	Visa Platinum Debit / Royal Brunei Visa Platinum Debit by Baiduri / Visa Classic Debit / Visa Supasave Debit / Mastercard Smart Executive Platinum Debit / Mastercard Prestige World Debit																				
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	UnionPay Debit Personalised Card Only *(Personalisation Fee Applies)																				
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**CARD COLLECTION DETAILS** (Please tick one only)

I would like to collect my Baiduri Card at:

- Main Branch   
  Tutong Branch   
  Seria Branch   
  Kuala Belait Branch   
  Others \_\_\_\_\_

**CUSTOMER PERSONAL INFORMATION** (Please tick where applicable)

<b>Full Name (as per Identity Document)</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss	<b>I/C No:</b> _____ <b>Colour: (Y / R / G)</b>
<b>Residential Address:</b>  <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Employer's <input type="checkbox"/> Parents'	<b>Passport No:</b> _____  <b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Correspondence/Mailing Address:</b> <input type="checkbox"/> same as residential address	<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other _____
P.O.Box ( _____ ) <b>Postcode:</b> _____	<b>Date of Birth:</b> ____/____/____  <b>Nationality:</b> _____

**Contact Details:**

Home: \_\_\_\_\_   
 HP: \_\_\_\_\_   
 Office: \_\_\_\_\_  
 Email: 

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 (Max 30 characters only)

**EMPLOYMENT DETAIL**

<b>Name of Employer:</b>			
<b>Employer Address:</b>			
<b>Postcode:</b> _____			
<b>Annual Gross Income:</b>	<b>Occupation:</b>	<b>Date joined:</b>	<b>Expiry date of contract (If applicable):</b>

**BANK ACCOUNT TO BE LINKED**

Please link my following Baiduri Bank / Baiduri Finance account(s) to my Baiduri Debit Card

Main Account (For Card purchases only)

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If you have more than one (1) account with Baiduri Bank, you may request them to be linked to your Card (only for Baiduri ATM withdrawals)

Other Account(s)


**CARD SPENDING LIMIT**

- Default monthly spending limit of **B\$5,000**; OR
- Requested **MONTHLY** spending limit of B\$\_\_\_\_\_

**DEBIT CARD INSTANT EMBOSSING** (Please tick where applicable)

- Yes, I would like my card to be embossed instantly
- No, please do not instant emboss my card

**Note:** For Instant embossing, a fee of BND5 per card is applicable and will be charged to the linked Bank account.**ROYAL SKIES MEMBERSHIP ACCOUNT INFORMATION** (Required for Royal Brunei Baiduri Visa Platinum Debit only)

Royal Skies Membership Account Number:

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**INSTANT REWARDS CARD (IR)** (Please tick where applicable)

- I would like to apply for a **personalized** Instant Rewards Card and link it to my debit card (fee of BND15 is applicable)

**Name to appear on card** (Max 19 Characters only)

Instant Rewards Personalised Card Only \*(Personalisation Fee Applies)

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- I would like to apply for a pre-embossed Instant Rewards card / I already have an existing Instant Rewards Card and would like to link it to my debit card

**Please provide the Instant Rewards Card Number:**

6	0	1	6	0	0															
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Expiry Date: \_\_\_\_\_

**MASTERCARD CASHCARD** (For Mastercard Smart Executive Platinum & Prestige World Debit Only) (Please tick where applicable)

- I would like to apply for a **personalized** Mastercard CashCard and link it to my Mastercard Smart Executive Platinum Debit / Mastercard Prestige World Debit (fee of BND15 is applicable)

**Name to appear on card** (Max 19 Characters only)

Mastercard CashCard Personalised Card Only \*(Personalisation Fee Applies)

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- I would like to apply for a pre-embossed Mastercard CashCard / I already have an existing Mastercard CashCard and would like to link it to my Mastercard Smart Executive Platinum Debit/ Mastercard Prestige World Debit

**Please provide the Mastercard CashCard Details** (for non-personalized card only)

5	5	7	7	5	8	X	X													
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C	A	S	H	C	A	R	D													
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- I would like to link my account below to my Mastercard CashCard (for payment transfer via ATM)

**Bank account to be linked**

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**ENDORSEMENT**

I shall be bound by Baiduri Bank Berhad's Term and Conditions relating to the Baiduri debit card(s) once this application is accepted by Baiduri Bank Berhad. I understand that Baiduri Bank Berhad has the right to decline this application without any reason.

I hereby confirm having received the Product Disclosure Sheet and understand the explanation given in my preferred language.

\_\_\_\_\_  
Signature of Applicant

SV

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

FOR BANK USE			
Caution List			
List	Date	Yes	No
Bankruptcy			
Litigation			
UCA			
BFB			
UN			
OFAC			
WU			
BBB AML CFT Watch list			
CSL Screening	Name & Initial	Date	
Checked & Attended by			
Confirmed by (Supervisor level and above)			

FOR BRANCH USE ONLY			
Attended by:			
_____ (signature)			
Staff Name:			
Date:			
Other remarks, if any:			Branch Stamp
Checked and recommended by:			
_____ (signature)			
Staff Name:			
Date:			
PRE-EMBOSS CARD ACTIVATION			
Card Number (Last 4 digit)	Name	Date	Initial
UnionPay Debit Card			
Mastercard CashCard			
Instant Rewards Card			
PROMOTION PROGRAM (if any)			
<b>Visa Platinum Debit</b>			
Program code:	Program Expiry Date:		
□ □ □ □ □ □ □ □	D D M M Y Y Y Y		
<b>RB Visa Platinum Debit</b>			
Program code:	Program Expiry Date:		
□ □ □ □ □ □ □ □	D D M M Y Y Y Y		
<b>Visa Classic Debit</b>			
Program code:	Program Expiry Date:		
□ □ □ □ □ □ □ □	D D M M Y Y Y Y		
<b>Visa Supasave Debit</b>			
Program code:	Program Expiry Date:		
□ □ □ □ □ □ □ □	D D M M Y Y Y Y		

FOR CARD CENTRE OPERATIONS USE ONLY			
Card Number – <b>Visa Platinum Debit</b>			
4	2	1	5 0 4 X X X X X X
Card Number – <b>RB Visa Platinum Debit</b>			
4	2	1	5 0 4 X X X X X X X
Card Number – <b>Visa Classic Debit</b>			
4	2	1	5 0 4 X X X X X X X
Card Number – <b>Visa Supasave Debit</b>			
4	2	1	5 0 4 X X X X X X X
Card Number – <b>Union Pay Debit</b>			
6	2	1	2 5 7 X X X X X X X
Card Number – <b>Mastercard SE Platinum Debit</b>			
5	3	2	6 5 6 X X X X X X X
Card Number – <b>Mastercard Prestige World Debit</b>			
5	3	2	6 5 6 X X X X X X X
Card Number – <b>Mastercard CashCard</b>			
5	5	7	7 5 8 X X X X X X X
Card Number – <b>Instant Rewards Card</b>			
6	0	1	6 0 0 X X X X X X X
CCO Input	Initial	Date	
Inputted by			
Checked & Authorized by			
Final Checked by			