

BUSINESS CREDIT CARD APPLICATION FORM



FLEXCUBE CIF	
Company CIF No:	Individual CIF No.

CHOICE OF CARD	
Card Type - MASTERCARD	ANNUAL FEE
<input type="checkbox"/> Mastercard Business Platinum	BND280
<input type="checkbox"/> Mastercard Business Classic	BND40

CARD COLLECTION DETAILS	
I would like to collect my Baiduri Card at:	
<input type="checkbox"/> Main Branch <input type="checkbox"/> Tutong Branch <input type="checkbox"/> Seria Branch <input type="checkbox"/> Kuala Belait Branch <input type="checkbox"/> Others _____	

TYPE OF BUSINESS		
Catalogue Code	Catalogue Value	Type of Business <i>(Please tick one)</i>
001	Sole Proprietor	<input type="checkbox"/>
002	Limited Liability Company	<input type="checkbox"/>
003	Partnership	<input type="checkbox"/>
004	Social Organization	<input type="checkbox"/>
005	Embassies	<input type="checkbox"/>
006	Government	<input type="checkbox"/>
007	Foreign Companies	<input type="checkbox"/>
008	International Organization	<input type="checkbox"/>
009	Other	<input type="checkbox"/>

INFORMATION OF BUSINESS CARD APPLICANT	
Firm/Company Name	
Years in operation	
Address of Firm/Company <i>(P.O. Box address is not acceptable)</i>	
Postcode: _____	

Firm/Company Registration No.	Registration Date	Nature of Business

Office Tel:	Overall Credit Card Limit Requested:
 	BND _____

Name to be embossed <i>(Principal Cardholder)</i>	 	 	 	 	 	 	 	 	 	 	 	 	 	 	 	 	 	 	 	
Firm/Company Name to be printed on card	 	 	 	 	 	 	 	 	 	 	 	 	 	 	 	 	 	 	 	

PERSONAL INFORMATION *(Please tick where applicable)*Full Name (as per Identity Document) Mr. Mrs. Dr. Miss**Gender:**

-
- Male
-
-
- Female

Marital Status:

-
- Single
-
-
- Married
-
-
- Others _____

Identity Document No:_____
Colour: Y / P / G**Date of Birth:**____ / ____ / ____
*(Minimum age of 21 applies)***Nationality:**

No. of dependants:

Residential Address:

-
- Owned
-
- Rented
-
- Mortgaged
-
- Employer's
-
- Parents'
-
- No. of years resided here: _____

Postcode: _____

Correspondence/ Mailing Address:*Must be company premises only*

Postcode: _____

Overseas permanent address for expatriates:*(P.O. Box address is not accepted)***Overseas Contact No.:** _____**Contact Details:**

Home: _____ HP: _____ Office: _____

Email: _____
*(Max 30 characters only)***INFORMATION OF OFFICE CONTACT****Name** Mr. Mrs. Dr. Miss**Identity Document No:**_____
Colour: Y / P / G**Designation/ Position:****Office Tel No:****Mobile No:****Nationality:****Email Address:****PAYMENT INSTRUCTION**

-
- Yes, we wish to set up Standing Instruction for payment of our monthly Baiduri Credit Card bill and debit from my a/c no:

Baiduri Bank Account Number: _____**Please debit** *(Please tick one)*

-
- Minimum payment of 10%
-
- Full amount
-
- Other amount _____ %

CASH ADVANCE SERVICE

Do you require Cash Advance services?

-
- Yes
-
- No

YOUR PRIORITY PASS

Note: Eligible for Baiduri Mastercard Platinum Business credit cardholders.

Principal Card Applicant

First Name Mr. Mrs. Ms

Family Name:

Mobile No:

Date

Signature

Note:

- 1) Priority pass is valid for 1 (one) year only.
- 2) If the Cardholder wishes to query the amount charged on any invoice, he/she must take the matter up with Baiduri Bank Berhad within 21 (twenty-one) days of receipt of said invoice and provide any documentary evidence that may be required to prove the invoice is incorrect. If the Cardholder does not dispute the invoice within the said 21 (twenty-one) days, the invoice will be deemed to be correct and the Cardholder will remain liable to pay Baiduri Bank Berhad the amount outstanding as per Baiduri Bank Berhad's standard payment terms.

DECLARATION AND CONSENT

I/We the undersigned hereby:

- 1) Confirm, warrant and represent to you that as the date of this application, there are no suits, legal or execution proceeding to be instituted against me/us or any of my/ our assets.
- 2) Confirm, warrant and represent to you that the information provided in this application form and any other information given to Baiduri Bank Berhad in any other documents in relation to this application are true, accurate and complete and Baiduri Bank Berhad may rely on such information in assessing my/ our application.
- 3) Authorize Baiduri Bank Berhad to contact my/our bankers and/or other sources at any time to obtain any information needed to process this application.
- 4) Agree that Baiduri Bank Berhad has the absolute right to decline this application without giving any reason whatsoever.
- 5) Agree that if application is accepted by Baiduri Bank Berhad, I/ We shall be bound by Baiduri Bank Berhad's Terms and Conditions (as may be applicable and amended from time to time) relating to credit cards and any other services or facilities made or to be made available to me/us (such Terms and Conditions being deemed to have been incorporated here by reference) and I/ We shall pay all fee and charges levied by Baiduri Bank Berhad in relation to this application.
- 6) Agree to be jointly and severally liable for all costs, fees, charges and indebtedness incurred in connection with or pursuant to the use of the credit card issued pursuant to this application.
- 7) Confirm that I have read thru the Product Disclosure Sheet that contains key information on the cards' features, fees charged and obligations of the Cardholders.
- 8) Confirm that Baiduri Bank has briefed me the basis of interest computation on the Credit Card.
- 9) Confirm having received Product Disclosure Sheet and understand the explanation given in my preferred language.

DOCUMENTS REQUIRED *(please bring along original and photocopies of your documents)***Documents Required**

Please bring along original and photocopies of the following documents: -:

i. Sole Proprietor/Partnership

- Photocopy of Business Registration
- Photocopy of IC of Sole Proprietor/ Partner
- Photocopy of latest 12 months Bank Statement

ii. Limited or Private Limited Company

- Photocopy of Certificate of Incorporation and Form X
- Photocopy of Creditor / Debtor List
- Photocopy of Memorandum & Articles of Association
- Board Resolution for Borrowing
- Photocopy of latest 12 months Bank Statement
- Latest audited Financial Statement
- Photocopy of IC of Director

1 Copy of Brunei IC / passport and valid work permit is not required if scanned copy of document in Flexhost is still valid

SIGNATURE

Signature of Authorised Signatory(ies) for Company/Firm *(Business Credit Card applicant)*

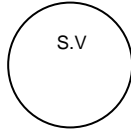
Signed as Authorized Signatory for and
behalf of by:

Signed as Authorized Signatory for and
behalf of by:

Name:

Position:

Date:



Name:

Position:

Date:

***Chop of Company (if applicable)**

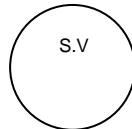
Signature of Cardholder proposed by Company/Firm *(Business Credit Card applicant)*

Name:

Brunei IC No:

Position held in the Company/Firm:

Date:



FOR BRANCH USE ONLY

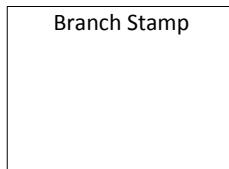
Attended by:

(signature)

Staff Name:

Other remarks, if any:

Branch Stamp



Checked and recommended by:

(signature)

Staff Name:

Date:

PROMOTION PROGRAM (if any)

Card Product: _____

Program code:	Program Expiry Date:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y

FOR CAAU USE ONLY		
Credit Limit	BND\$ _____	
FOR CARD CENTRE OPERATIONS USE ONLY		
Approved by (name & signature)		
Corporate profile Approval App reference: _____	Date: _____	
Individual profile Approval Card Product: _____ App Ref: _____	Date: _____	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> X <input type="text"/> X <input type="text"/> X <input type="text"/> X <input type="text"/> X <input type="text"/> X	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Inputter	1 st Checker & Authorizer	Final Checker