

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"/> Smart Executive Mastercard Platinum Debit <i>For Smart Executive Members only (Min. age of 21 and salary assigned / to be assigned)</i>	Free
<input type="checkbox"/> Mastercard World Debit <i>For Prestige Members only</i>	Free
<input type="checkbox"/> Visa Supasave Debit	B\$9.00 (Free for first 5 Years)
<input type="checkbox"/> Royal Brunei Visa Platinum Debit by Baiduri <input type="checkbox"/> *Personalized	B\$18.00 (Free for first 4 years)
<input type="checkbox"/> Visa Platinum Debit <input type="checkbox"/> *Personalized	B\$18.00
<input type="checkbox"/> Visa Classic Debit with Bonus Points <input type="checkbox"/> *Personalized	B\$9.00
<input type="checkbox"/> Visa Classic Debit without Bonus Points <input type="checkbox"/> *Personalized	Free
<input type="checkbox"/> UnionPay Debit Card <input type="checkbox"/> *Personalized	Free

*Personalization
B\$15.00

Name to appear on card (Max 19 Characters only)	Visa Supasave Debit / Smart Executive Mastercard Platinum Debit / Mastercard World Debit <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Personalization (UnionPay Debit / Visa Classic Debit / Visa Platinum Debit / Royal Brunei Visa Platinum Debit by Baiduri only): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

*Personalization fee of BND15 applies

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 _____

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

CUSTOMER PERSONAL INFORMATION (Please tick where applicable)

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

Contact Details:

Home: _____ HP: _____ Office: _____

Email:
(Max 30 characters)

EMPLOYMENT DETAIL

Name of Employer:

Employer Address:

Postcode: _____

Annual Gross Income:	Occupation:	Date joined:	Expiry date of contract (If applicable):
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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\$2,500**; OR
- Requested **MONTHLY** spending limit of B\$_____

DRAGONPASS AIRPORT COMPANION (Required for Royal Brunei Visa Platinum Debit by Baiduri only)

Royal Skies Membership Account Number:

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Note: A Royal Skies Membership account number is required for Royal Skies miles accruals**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 *(Personalization 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	X	X	X	X	X	X									
---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

DECLARATION AND CONSENT

I the undersigned hereby:

- 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 documentations in relation to this application are true, accurate and complete and Baiduri Bank Berhad may rely on such information in assessing my application.
- Agree that Baiduri Bank Berhad has the absolute right to decline this application without giving any reason whatsoever.
- Agree that if my application is accepted by Baiduri Bank Berhad, I shall be bound by Baiduri Bank Berhad's Terms and Conditions (as may be applicable from time to time) relating to debit cards and any other services or facilities made or to be made available to me (such Terms and Conditions being deemed to have been incorporated here by reference) and I shall pay all fees and charges levied by Baiduri Bank Berhad in relation to this application.
- Confirm that I have received the Debit Card Product Disclosure Sheet that contains key information on the card's features, fees charged and obligations of the Cardholder and understand the explanation given in my preferred language.
- Confirm that I have read and understood the Debit Card Cardholder Agreement which is available in softcopy in Baiduri Bank Berhad's website at www.baiduri.com.bn.
- 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 personal data or carry out any processing, analysis, or any other type of operations on my personal data for the purpose of the Bank's research and analysis, providing updates to me on the Bank's products and services and/or for the Bank to contact me 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.
- Confirm and agree that my consent is in addition to, and does not override, any other consent which I may have provided to the Bank in respect of the collection, use and/or disclosure of my personal data.

SV

Signature of Card Applicant

Date:

FOR BANK USE

Caution List

List	Date	Positive Match	
		Y	N
Bankruptcy			
Litigation			
UCA			
BFB			
SIRON KYC			
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-EMBOSSSED CARD ACTIVATION			
Card Product	Name	Date	Initial
Visa Classic Debit			
Visa Platinum Debit			
RB Visa Platinum Debit			
UnionPay Debit			
Instant Rewards Card			

PRE-EMBOSSSED CARD DETAILS

PROMOTION PROGRAM

Visa Classic Debit
Program code: _____ Program Expiry Date: _____

4	2	1	5	0	4	X	X	X	X	X	X				
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Visa Platinum Debit
Program code: _____ Program Expiry Date: _____

4	2	1	5	0	4	X	X	X	X	X	X				
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RB Visa Platinum Debit
Program code: _____ Program Expiry Date: _____

4	2	1	5	0	4	X	X	X	X	X	X				
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UnionPay Debit
Program code: _____ Program Expiry Date: _____

6	2	1	2	5	7	X	X	X	X	X	X				
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Visa Supasave Debit
Program code: _____ Program Expiry Date: _____

6	0	1	6	0	0	X	X	X	X	X	X				
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Visa Classic Debit

4	2	1	5	0	4	X	X	X	X	X	X				
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Visa Platinum Debit

4	2	1	5	0	4	X	X	X	X	X	X				
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RB Visa Platinum Debit

4	2	1	5	0	4	X	X	X	X	X	X				
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UnionPay Debit

6	2	1	2	5	7	X	X	X	X	X	X				
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Instant Reward Card

6	0	1	6	0	0	X	X	X	X	X	X				
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FOR CARD CENTRE OPERATIONS USE ONLY

Visa Supasave Debit

4	2	1	5	0	4	X	X	X	X	X	X				
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Smart Executive Mastercard Debit Platinum

5	3	2	5	5	6	X	X	X	X	X	X				
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Mastercard World Debit

5	3	2	6	5	6	X	X	X	X	X	X				
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RB Visa Platinum Debit

4	2	1	5	0	4	X	X	X	X	X	X				
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UnionPay Debit

6	2	1	2	5	7	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

Visa Classic Debit

4	2	1	5	0	4	X	X	X	X	X	X				
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Visa Platinum Debit

4	2	1	5	0	4	X	X	X	X	X	X				
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CCO Input	Initial	Date
Inputted by		
Checked & Authorized by		
Final Checker		