

EMPLOYMENT DETAIL (Please tick where applicable)			
Name of Employer and Address:		Job Status: <input type="checkbox"/> Salaried <input type="checkbox"/> Contract <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Others (please specify) _____	
Postcode: _____			
Occupation:	Position:	Date joined:	Expiry date of contract (If applicable):
Annual Gross Income: B\$	Monthly Rental Income: B\$	Monthly Business Income: B\$	Other Income: B\$
EMERGENCY CONTACT DETAILS			
Full Name (as per Identity Document) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss			Relationship: _____
Contact Details: Home: _____ HP: _____ Office: _____ Email: _____ (Max 30 characters only)			
SUPPLEMENTARY APPLICANT (1) – 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: _____
Residential Address: Postcode: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Requested Credit Limit (Please tick one): <input type="checkbox"/> Same limit as principal card applicant <input type="checkbox"/> Lower amount (Please specify): BND _____	
	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others _____	Relationship (Please tick one): <input type="checkbox"/> Father (001) <input type="checkbox"/> Mother (002) <input type="checkbox"/> Son (003) <input type="checkbox"/> Daughter (004) <input type="checkbox"/> Husband (005) <input type="checkbox"/> Wife (006) <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Other _____ (010)	
	Date of Birth: ____/____/____ (Minimum age of 18 applies)	Note: Immediate family only	
	Nationality: _____		
Contact Details: Home: _____ HP: _____ Office: _____ Email: _____ (Max 30 characters only)			
Name of Employer and Address			
Occupation:	Annual Income:		
SUPPLEMENTARY APPLICANT (2) – 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: _____
Residential Address: Postcode: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Requested Credit Limit (Please tick one): <input type="checkbox"/> Same limit as principal card applicant <input type="checkbox"/> Lower amount (Please specify): BND _____	
	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others _____	Relationship (Please tick one): <input type="checkbox"/> Father (001) <input type="checkbox"/> Mother (002) <input type="checkbox"/> Son (003) <input type="checkbox"/> Daughter (004) <input type="checkbox"/> Husband (005) <input type="checkbox"/> Wife (006) <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Other _____ (010)	
	Date of Birth: ____/____/____ (Minimum age of 18 applies)	Note: Immediate family only	
	Nationality: _____		
Contact Details: Home: _____ HP: _____ Office: _____ Email: _____ (Max 30 characters only)			
Name of Employer and Address			
Occupation:	Annual Income:		

SUPPLEMENTARY APPLICANT (3) – 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: _____
Residential Address: Postcode: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Requested Credit Limit (Please tick one): <input type="checkbox"/> Same limit as principal card applicant <input type="checkbox"/> Lower amount (Please specify): BND _____
	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others _____	Relationship (Please tick one): <input type="checkbox"/> Father (001) <input type="checkbox"/> Mother (002) <input type="checkbox"/> Son (003) <input type="checkbox"/> Daughter (004) <input type="checkbox"/> Husband (005) <input type="checkbox"/> Wife (006) <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Other _____ (010)
	Date of Birth: ____ / ____ / ____ (Minimum age of 18 applies)	Note: Immediate family only
	Nationality: _____	

Contact Details: Home: _____ HP: _____ Office: _____ Email: _____ (Max 30 characters only)
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Name of Employer and Address:

Occupation:	Annual Income:
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SUPPLEMENTARY APPLICANT (4) – 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: _____
Residential Address: Postcode: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Requested Credit Limit (Please tick one): <input type="checkbox"/> Same limit as principal card applicant <input type="checkbox"/> Lower amount (Please specify): BND _____
	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others _____	Relationship (Please tick one): <input type="checkbox"/> Father (001) <input type="checkbox"/> Mother (002) <input type="checkbox"/> Son (003) <input type="checkbox"/> Daughter (004) <input type="checkbox"/> Husband (005) <input type="checkbox"/> Wife (006) <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Other _____ (010)
	Date of Birth: ____ / ____ / ____ (Minimum age of 18 applies)	Note: Immediate family only
	Nationality: _____	

Contact Details: Home: _____ HP: _____ Office: _____ Email: _____ (Max 30 characters only)
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Name of Employer and Address:

Occupation:	Annual Income:
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INSTANT REWARDS CARD (IR) (Please tick where applicable) (Only issued to **PRINCIPAL** cardholders)

<input type="checkbox"/> I already have an existing Instant Rewards Card and would like to link it to my Credit Card Please provide the Instant Reward Card Number: <table border="1"> <tr> <td>6</td><td>0</td><td>1</td><td>6</td><td>0</td><td>0</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Expiry Date: _____ (mmyy)		6	0	1	6	0	0	X	X	X	X	X	X						
6	0	1	6	0	0	X	X	X	X	X	X								
<input type="checkbox"/> I would like to apply for a personalized Instant Rewards Card and link it to my Credit Card (fee of BND15 is applicable) Name to appear on card (Max 19 Characters only) Instant Reward Personalised Card Only *(Personalisation Fee Applies) <table border="1"> <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> </tr> </table>																			
<input type="checkbox"/> I would like to apply for a pre-embossed Instant Rewards card and would like to link it to my Credit Card Please provide the Instant Reward Card Number: <table border="1"> <tr> <td>6</td><td>0</td><td>1</td><td>6</td><td>0</td><td>0</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Expiry Date: _____ (mmyy)		6	0	1	6	0	0	X	X	X	X	X	X						
6	0	1	6	0	0	X	X	X	X	X	X								

ROYAL SKIES MEMBERSHIP ACCOUNT INFORMATION (Required for Royal Brunei Visa Infinite and Platinum credit cards)

Royal Skies Membership Account Number:	_____
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Note: A Royal Skies Membership account number is required for Royal Skies miles accruals

DRAGONPASS AIRPORT COMPANION (For Royal Brunei Baiduri Visa Infinite and Royal Brunei Baiduri Visa Platinum credit card limited to ONE supplementary only)

Name of nominated Supplementary

CREDIT CARD BALANCE TRANSFER (To strike off fields if not applicable)

Yes, I wish to transfer my other bank(s) credit card balances to my Baiduri Credit Card to enjoy 0% interest for the first 6 (six) months.

Note: For balance transfer, an interest of 0% per month will be charged on rollover amounts and new transactions in the first 6 (six) months. However, an interest of **1.5% per month** will be applied immediately should there be a default in the minimum payment due.

Credit Card Bank Name	Member Since	Card Number	Credit Limit
1.			
2.			
3.			

PAYMENT INSTRUCTION (Please tick where applicable)

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

Baiduri Bank/ Finance Account Number:																			
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Please debit (Please tick one)

- Minimum payment of 8% of the outstanding balance on the monthly statement (or a min of \$10 – whichever is greater)
- Full amount
- Other amount _____ %

INSURANCE DECLARATION (only applicable for **INFINITE AND PLATINUM** cards only)

I understand that I and all the Supplementary cardmembers on my Card account will benefit from the complimentary Travel Insurance upon charging of travel fare to my Card(s). I declare to the best of my knowledge that the following statements are true and correct.

- a) I/We do not have any physical defects, mental disorders for physical infirmities or weakness of any kind and I/We have never suffered any major injury, disease or illness.
- b) If my/our occupation(s) are in the list of excluded stated below, the Travel Insurance cover is only applicable if I/We are travelling on leisure or whilst off duty.

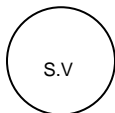
Excluded Occupations:

Divers, Police, Army/ Military, Law Enforcement Officers, Aircraft Testers/ Pilot/ Crew, Seaman, Sea Fisherman, Racing Driver, Jockeys, Oil Rig workers, Sawers, Timber Logging Workers, Fireman, War Correspondents, Steeplejacks, Personal engaged in demolition of buildings, Persons engaged in Ambulance Services, Woodworking Machinists, Explosive Handlers, Underground Tunnelling and Mining and Professional Sportsman.

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 my/our 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 fees and charges levied by Baiduri Bank Berhad in relation to this application.
- 6) Confirm that I have received the Personal Credit Card Product Disclosure Sheet that contains key information on the cards' features, fees charged and obligations of the Cardholders and understand the explanation given in my preferred language.
- 7) Confirm that Baiduri Bank Berhad has briefed me the basis of interest computation on the Credit Card.
- 8) Confirm that I have read and understood the Credit Card Cardholder Agreement which is available in softcopy in Baiduri Bank Berhad's website at www.baiduri.com.bn.
- 9) 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 our personal data or carry out any processing, analysis, or any other type of operations on our personal data for the purpose of the Bank's research and analysis, providing updates to us on the Bank's products and services and/or for the Bank to contact us 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.



Signature of Principal Card Applicant
Date:

Signature of Supplementary Card Applicant 1
Date:

Signature of Supplementary Card Applicant 2
Date:

Signature of Supplementary Card Applicant 3
Date:

Signature of Supplementary Card Applicant 4
Date:

DOCUMENTS REQUIRED - Please bring along original and photocopies of your documents:

Documents required:

- A. LOCAL (Yellow or Red IC holder) applicant receiving monthly Salary or Pension*:**
- 1) Copy of valid Brunei IC and passport (for Permanent Residents, excluding those who are stateless)
 - 2) Latest or previous month salary/pension slip
 - 3) Copy of last 3 months' account statement (**If salary/pension is credited to other bank**)
 - 4) Confirmation of employment letter for private sector employees

***NOT old age pension**

- B. EXPATRIATES** applicant receiving monthly salary:
- 1) Copy of valid Green IC, passport and valid work permit
 - 2) Copy of origin country ID
 - 3) Latest or previous month salary slip
 - 4) Confirmation of employment letter for private co employees
 - 5) Copy of last 3 months' account statement (**if salary is credited to other bank**)
 - 6) Copy of last 12 months' account statement and payslip (**for variable income applicant**)

C. Application against PROPERTY RENTAL:

- 1) Copy of valid Brunei IC and passport (for Permanent Residents, excluding those who are stateless)
- 2) Copy of valid Tenancy Agreement
- 3) Last 12 months' account statement

D. Application against FIXED or CERTIFICATE Deposit:

- 1) Copy of valid Brunei IC and passport (for Permanent Residents, excluding those who are stateless)
- 2) Copy of Baiduri Bank Deposit Certificate
- 3) Original BFB FD certificate (if lien against BFB FD)

E. Application against BUSINESS INCOME:

- 1) Copy of valid Brunei IC and passport (for Permanent Residents, excluding those who are stateless)
- 2) Copy of Business Registration certificate
- 3) Last 12 months' bank statement (Personal & Company account)

F. Supplementary Card applications

- 1) Copy of valid IC and passport (for Permanent Residents, excluding those who are stateless)
- 2) Copy of the origin country ID (For expatriates)

**Copy of Brunei IC/passport and valid work permit is not required if scanned copy of document in Flexhost is still valid.
No documents required if applicant is applying for additional cards with combined limits to existing cards**

FOR BRANCH USE ONLY	FOR CARD CENTRE OPERATIONS USE ONLY																																																																																										
<p>Attended by:</p> <p>_____ (signature)</p> <p>Staff Name:</p> <p>Date:</p> <p>Other remarks, if any:</p> <div style="border: 1px solid black; width: 150px; height: 80px; margin: 10px auto; text-align: center; padding: 5px;">Branch Stamp</div> <p>Checked and recommended by:</p> <p>_____ (signature)</p> <p>Staff Name:</p> <p>Date:</p>	<p>Card Product: _____ P / S</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">X</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">X</td> <td style="border: 1px solid black; width: 30px; 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