

PERSONAL CREDIT CARD APPLICATION FORM



FLEXCUBE CIF				
Principal: _____	Supplementary 1: _____	Supplementary 2: _____	Supplementary 3: _____	Supplementary 4: _____
CHOICE OF CARD				
Card Type – VISA		Card Type – Royal Brunei Visa Credit Cards by Baiduri Bank		
<input type="checkbox"/> Visa Infinite Prestige		<input type="checkbox"/> Visa Infinite		
<input type="checkbox"/> Visa Infinite		<input type="checkbox"/> Visa Platinum		
<input type="checkbox"/> Visa Platinum Smart Executive		Card Type - MASTERCARD		
<input type="checkbox"/> Visa Platinum		<input type="checkbox"/> Mastercard Platinum		
<input type="checkbox"/> Visa Classic		<input type="checkbox"/> Mastercard Classic		
<i>Please refer to the Cards Disclosure Sheet for the card annual fees, benefits & features</i>				
MINIMUM GROSS SALARY REQUIREMENT* (*Subject to Terms and Conditions):				
Types of Card		Minimum Income per month		
Visa / Mastercard Classic		Local: B\$500	Expatriates: B\$1,000	
Visa Platinum/ Royal Brunei Visa Platinum/ Mastercard Platinum and Visa Platinum Smart Executive **		Local: B\$2,000	Expatriates: B\$4,000	
**Strictly for customer with Salary assignment or to be assigned only				
Visa Infinite / Royal Brunei Visa Infinite/ Visa Infinite Prestige		Local / Expatriates: Above B\$10,000		
CARD EMBOSSING NAME (max 19 characters only)				
Principal Cardholder				
Supplementary Applicant 1				
Supplementary Applicant 2				
Supplementary Applicant 3				
Supplementary Applicant 4				
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 _____				
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: _____ (Y / P / G)	
Residential Address: Postcode: _____		Correspondence/ Mailing Address: <input type="checkbox"/> same as residential address Postcode: _____		
<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Employer's <input type="checkbox"/> Parents' No. of years resided here: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Overseas permanent address for expatriates (P.O. Box address is not accepted):		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others _____		
Overseas Contact No.: _____		Date of Birth: ____ / ____ / ____ (Minimum age of 21 applies)		
Contact Details:		Nationality: _____		
Home: _____ HP: _____ Office: _____		No. of dependants: _____		
Email: <table border="1" style="display: inline-table; border-collapse: collapse; width: 700px; height: 20px; vertical-align: middle;"></table>				
(Max 30 characters only)				

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: _____ Colour: Y / P / G
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 _____	
	Date of Birth: ____/____/____ (Minimum age of 18 applies)	
	Nationality: _____	

Contact Details:		
Home: _____	HP: _____	Office: _____
Email: <table border="1" style="width:100%; height: 15px; border-collapse: collapse;"></table> (Max 30 characters only)		

Name of Employer and Address:		
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Designation/ Position:	Occupation:	Annual Income:
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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: _____ Colour: Y / P / G
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 _____	
	Date of Birth: ____/____/____ (Minimum age of 18 applies)	
	Nationality: _____	

Contact Details:		
Home: _____	HP: _____	Office: _____
Email: <table border="1" style="width:100%; height: 15px; border-collapse: collapse;"></table> (Max 30 characters only)		

Name of Employer and Address:		
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Designation/ Position:	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: _____ Colour: Y / P / G
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 _____	
	Date of Birth: ____/____/____ (Minimum age of 18 applies)	
	Nationality: _____	

Contact Details:		
Home: _____	HP: _____	Office: _____
Email: <table border="1" style="width:100%; height: 15px; border-collapse: collapse;"></table> (Max 30 characters only)		

Name of Employer and Address:		
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Designation/ Position:	Occupation:	Annual Income:
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CREDIT CARD INSTANT EMBOSSING (Please tick where applicable)

Yes, I would like my / our card / cards to be embossed instantly.

No, please do not instantly emboss my / our card / cards

Note: For Instant embossing, a fee of BND5 per card is applicable and will be charged to the credit card account.

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:

Please debit (Please tick one)

Minimum payment of 8% (min. \$10 – whichever is greater) Full amount Other amount _____ %

INSURANCE DECLARATION (Only applicable for Infinite and Platinum cards)

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:

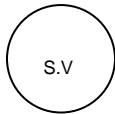
Divers, Police, Army/ Military, Law Enforcement Officers, Aircraft Testers/ Pilot/ Crew, Seaman, Sea Fisherman, Racing Driver, Jockeys, Oil Rig workers, Sawers, Timber Logging Workers, Fireman, War Correspondents, Steeplejacks, Personal engaged in demolition of buildings, Persons engaged in Ambulance 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 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) 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.
- 7) Confirm that Baiduri Bank has briefed me the basis of interest computation on the Credit Card.
- 8) Confirm having received Product Disclosure Sheet and understand the explanation given in my preferred language.

Note:
If there is more than one supplementary applicant, a separate Supplementary Application form is to be completed and signed by both Principal and Supplementary card applicants.



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 ¹
 - 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 co employee's

***NOT old age pension**

B. EXPATRIATES applicant receiving monthly salary:

- 1) Copy of valid Green IC ¹, passport ¹ and valid work permit ¹
- 2) Copy of origin country ID
- 3) Latest or previous month salary slip
- 4) Confirmation of employment letter for private co employee's
- 5) Copy of last 3 months' account statement **(if salary is credited to other bank)**

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

C. Application against PROPERTY RENTAL:

- 1) Copy of valid Brunei IC ¹
- 2) Copy of Tenancy Agreement
- 3) Last 12 months' account statement

D. Application against FIXED or CERTIFICATE Deposit:

- 1) Copy of valid Brunei IC ¹
- 2) Copy of Baiduri Bank Deposit Certificate
- 3) Original BFB FD certificate

E. Application against BUSINESS income:

- 1) Copy of valid Brunei IC ¹
- 2) Copy of Business Registration certificate
- 3) (Sole Proprietor)
- 4) Last 12 months' bank statement (Personal & Company account)

F. Supplementary Card applications

- 1) Copy of valid IC ¹
- 2) Copy of the origin country ID (For Expatriates)

FOR BRANCH USE ONLY

Attended by:

_____ (signature)

Staff Name:
Date:

Other remarks, if any:

Branch Stamp

Checked and recommended by:

_____ (signature)

Staff Name:
Date:

PROMOTION PROGRAM (if any)

Card Product: _____

Program code:

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Program Expiry Date:

D	D	M	M	Y	Y	Y	Y
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Card Product: _____

Program code:

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Program Expiry Date:

D	D	M	M	Y	Y	Y	Y
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Card Product: _____

Program code:

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Program Expiry Date:

D	D	M	M	Y	Y	Y	Y
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FOR CARD CENTRE OPERATIONS USE ONLY

Card Product: _____ P / S

						X	X	X	X	X	X				
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Card Product: _____ P / S

						X	X	X	X	X	X				
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Card Product: _____ P / S

						X	X	X	X	X	X				
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Card Product: _____ P / S

						X	X	X	X	X	X				
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Card Product: _____ P / S

						X	X	X	X	X	X				
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Card Product: _____ P / S

						X	X	X	X	X	X				
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Card Product: **Instant Rewards Card**

6	0	1	6	0	0	X	X	X	X	X	X				
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Card Product: **Mastercard Cash Card**

5	5	7	7	5	8	X	X	X	X	X	X				
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Instant Reward Card

FACR FAAC FMAC PTIE IATB

Mastercard Cash Card

FMCU IATB FMAC

INPUTTED BY

CHECKED & AUTHORIZED BY

FINAL CHECKER

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