

SUPPLEMENTARY APPLICANT (2) – PERSONAL INFORMATION *(Please tick where applicable)*Full Name (as per Identity Document) Mr. Mrs. Dr. Miss

Identity Document

No: _____ (Y / P / G)

Residential Address:

Gender: Male Female

Requested Credit Limit (Please tick one):

 Same limit as principal card applicant Lower amount (Please specify): BND _____

Marital Status:

 Single Married Others _____

Relationship (Please tick one):

 Father (001) Mother (002) Son (003) Daughter (004) Husband (005) Wife (006) Brother Sister Other _____ (010)

Date of Birth:

____ / ____ / ____

(Minimum age of 18 applies)

Nationality: _____

Postcode: _____

Note: Immediate family only

Contact Details:

Home: _____

HP: _____

Office: _____

Email:

(Max 30 characters only)

Name of Employer and Address:

Designation/ Position:

Occupation:

Annual Income:

SUPPLEMENTARY APPLICANT (3) – PERSONAL INFORMATION *(Please tick where applicable)*Full Name (as per Identity Document) Mr. Mrs. Dr. Miss

Identity Document

No: _____ (Y / P / G)

Residential Address:

Gender: Male Female

Requested Credit Limit (Please tick one):

 Same limit as principal card applicant Lower amount (Please specify): BND _____

Marital Status:

 Single Married Others _____

Relationship (Please tick one):

 Father (001) Mother (002) Son (003) Daughter (004) Husband (005) Wife (006) Brother Sister Other _____ (010)

Date of Birth:

____ / ____ / ____

(Minimum age of 18 applies)

Nationality: _____

Postcode: _____

Note: Immediate family only

Contact Details:

Home: _____

HP: _____

Office: _____

Email:

(Max 30 characters only)

Name of Employer and Address:

Designation/ Position:

Occupation:

Annual Income:

SUPPLEMENTARY APPLICANT (4) – PERSONAL INFORMATION *(Please tick where applicable)*Full Name (as per Identity Document) Mr. Mrs. Dr. Miss

Identity Document

No: _____ (Y / P / G)

Residential Address:

Gender: Male Female

Requested Credit Limit (Please tick one):

 Same limit as principal card applicant Lower amount (Please specify): BND _____

Marital Status:

 Single Married Others _____

Relationship (Please tick one):

 Father (001) Mother (002) Son (003) Daughter (004) Husband (005) Wife (006) Brother Sister Other _____ (010)

Date of Birth:

____ / ____ / ____

(Minimum age of 18 applies)

Nationality: _____

Postcode: _____

Note: Immediate family only

Contact Details:

Home: _____

HP: _____

Office: _____

Email:

(Max 30 characters only)

Name of Employer and Address:

Designation/ Position:

Occupation:

Annual Income:

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

Name of nominated Supplementary

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.

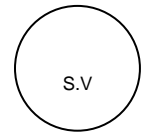
DECLARATION AND CONSENT

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 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 through 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.

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)

General documents:

- Photocopy of valid Brunei IC
- Photocopy of passport and employment pass f or expatriates
- Photocopy of domicile ID for expatriates
- Original copy of Fixed Deposit certificate or Certificate of Deposit (for deposit secured application)
- Photocopy of tenancy agreement (for Rental Income)
- Copy of Last 3 Months Bank Statement or last 12 months for variable income or Rental Income

Additional documents for salaried applicants:

- Latest Salary slip (or past 12 months for variable income)
- Letter of confirmation of employment from employer for Semi-Government and Private Sector.

Additional documents for Self-Employed applicants:

- Copy of Business Registration certificate
- Copy of Last 12 months bank statement (Personal & Company account)

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:

--	--	--	--	--	--

Program Expiry Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

FOR CARD CENTRE OPERATIONS USE ONLY

Supplementary Applicant 1

Application Ref: _____

Last 4 digit:

--	--	--	--

Supplementary Applicant 2

Application Ref: _____

Last 4 digit:

--	--	--	--

Supplementary Applicant 3

Application Ref: _____

Last 4 digit:

--	--	--	--

Supplementary Applicant 4

Application Ref: _____

Last 4 digit:

--	--	--	--

Inputted by

Checked & Authorized by

Final Checker

--	--	--