

CREDIT CARD INSTALMENT APPLICATION FORM

Credit Card outstanding balance transfer to Credit Card Instalment																	
Requested Amount	:	BND															
Tenor	:	36 Months															
Total Outstanding Amount	:	BND															
Credit Card Limit	:	BND															
			Note: Please be advised that we may block your credit card after the Credit Card Instalment application														
Reason for Application	:																
<i>(Application date no later than 30th December 2020)</i>																	
EXISTING CUSTOMER CREDIT CARD NUMBER																	
					-	X	X	X	X	-	X	X	X	X	-		
PRINCIPAL CARD HOLDER INFORMATION																	
Name :									Email Address:								
Employment Address :									Residential Address:								
Date of Birth ____/____/____									Identity Card						Telephone No:-		
									No: _____						H: _____		
									Colour : (Y / P / G)						M: _____		
									W: _____								
No. of dependents:																	
EMPLOYMENT, INCOME AND EXPENSES																	
Name and Address of Employer																	
Tel. No: _____(O)/(HP-office)																	
Occupation: _____ How long? _____(years)										Gross salary (p.a.) BND							
Other Incomes (please specify)																	
BND																	
BND																	
Expenses (Household & Personal)																	
BND																	
BND																	
Net Income p.a. (Net Income = Total Incomes - Total Expenses)															BND		

Declaration and Consent:

1. I acknowledge and agree to abide by the Terms and Conditions governing the Credit Card Agreement.
2. I hereby confirm that the above is a true and accurate statement of my financial condition as of the date of the statement. I am aware and fully accept that should the statement or any part thereof prove to be false or misleading in any particulars you may recall all facilities granted to me or my business concern or to other borrowers guaranteed by me individually and severally with other guarantors.
3. I understand that the monthly instalments under this plan must be paid off in full, and that failure to do so will incur additional financial charges.

Cardholder:

Name: _____

I.C. No: _____

Signature _____

Date

****Important Note: Please strike off field that is not applicable****

Documents Required: -

Documents	(√)	Remarks
Letter from employer		
Salary Slip x1 month (if required)		
Copy of I.C.		
Application Form signed		
Last 3 months of account statements required if salary is not assigned to Baiduri Bank		
Supporting Documents (e.g.: tenancy agreement)		

For Bank Use Only

For Branch / CS Use		
Attended & Verified by _____	(Staff Name & Signature)	Branch (stamp) _____
Checked & Confirmed by _____	(Staff Name & Signature)	
For CA Use Only		
Card Status	Payment History (last 12 months)	
<input type="checkbox"/> Current	<input type="checkbox"/> Past Due	X days _____ 90 days _____
		30 days _____ 120 days _____
		60 days _____ 180 days _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	
Checked & Confirmed by _____	(Staff Name & Signature)	
For CCS Use Only – Posting in Ascend		
ACTION TAKEN	PERFORMED BY & DATE	CHECKED BY & DATE
IATB – TC3001		
PAMO, PMMO		