

**BAIDURI STUDENT ACCOUNT
4U VALUE PACK
APPLICATION FORM**



FOR VISA PAYWAVE DEBIT CARD & MASTERCARD CASHCARD

PERSONAL DATA		
FULL NAME as in IC or Passport		
GENDER: [] MALE [] FEMALE	IC NUMBER	DATE OF BIRTH (DD/MM/YY)
NATIONALITY [] Brunei Citizen [] Permanent Resident [] Other, please state:	CONTACT NUMBER [M] : [H] :	EMAIL ADDRESS
HOME ADDRESS		
MAILING ADDRESS (IF NOT THE SAME AS ABOVE)		
DOCUMENTS REQUIRED: Please bring along original and photocopies of your documents:		
<ul style="list-style-type: none"> • Photocopy of Brunei I.C. 		
ELIGIBILITY:		
<ul style="list-style-type: none"> • Visa payWave Debit Card applicants must be at least 15 years old. • MasterCard Cash Card applicants must be at least 12 years old. 		

PREFERENCES	
My interests:	
<input type="checkbox"/>	Travel
<input type="checkbox"/>	Health & Fitness
<input type="checkbox"/>	Sports
<input type="checkbox"/>	Technology
<input type="checkbox"/>	Others – Please specify:
My ambitions:	
<input type="checkbox"/>	Further my studies
<input type="checkbox"/>	Saving for the future
<input type="checkbox"/>	Start my own business
<input type="checkbox"/>	Others – Please specify:
I would like to receive updates via:	
<input type="checkbox"/>	SMS
<input type="checkbox"/>	Email
<input type="checkbox"/>	I do not want to receive updates

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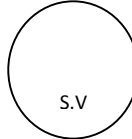


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CARD INFORMATION

MasterCard Cash Card	
Card no	
Account to be linked	<input type="text"/>
Personalization (Embossed Name)	<input type="text"/> <i>(Max. 19 characters)</i>
2 nd Line	BAIDURI STUDENT ACCOUNT

Visa payWave Debit Card	
Name to appear	<input type="text"/>
Account to be linked	<input type="text"/>
Monthly Spending Limit	<p><i>No monthly spending limit (limited to available funds in respective account); OR</i></p> <p><input type="checkbox"/> Requested MONTHLY spending limit of B\$ _____</p>
<p>Endorsement I/We shall be bound by Baiduri Bank Berhad's terms and conditions relating to the Baiduri Debit Cards once this application is accepted by Baiduri Bank Berhad. I/We understand that Baiduri Bank Berhad has the right to decline this application without giving reasons.</p> <p>I hereby declare that all information provided in this form is correct.</p> <p>Signature _____</p> <p>Date: _____</p>	



FOR BANK USE		
Program: VPWF01 (5 Years Program)	Officer's Signature/ Branch Stamp	Date:
Authorization ID 0009		