

BUSINESS CREDIT CARD APPLICATION FORM

CHOICE OF CARDS AND ANNUAL FEE DETAILS

MASTERCARD BUSINESS PLATINUM	BND280
MASTERCARD BUSINESS CLASSIC	BND40

Documents Required

Please bring along original and photocopies of the following documents: -:

- i) Sole Proprietor/Partnership
 - Photocopy of Business Registration
 - Photocopy of IC of Sole Proprietor/ Partner
 - Photocopy of latest 12 months Bank Statement
- ii) Limited or Private Limited Company
 - Photocopy of Certificate of Incorporation and Form X
 - Photocopy of Creditor / Debtor List
 - Photocopy of Memorandum & Articles of Association
 - Board Resolution for Borrowing
 - Photocopy of latest 12 months Bank Statement
 - Latest audited Financial Statement
 - Photocopy of IC of Director

I would like to apply for (please tick)

Business Credit Card

- Mastercard Platinum Mastercard Classic

1. TYPE OF BUSINESS

Catalogue Code	Catalogue Value	Type of Business (Please tick one)
001	Sole Proprietor	<input type="checkbox"/>
002	Limited Liability Company	<input type="checkbox"/>
003	Partnership	<input type="checkbox"/>
004	Social Organization	<input type="checkbox"/>
005	Embassies	<input type="checkbox"/>
006	Government	<input type="checkbox"/>
007	Foreign Companies	<input type="checkbox"/>
008	International Organization	<input type="checkbox"/>
009	Other	<input type="checkbox"/>

2. INFORMATION OF BUSINESS CARD APPLICANT

Firm/Company Name _____

Years in operation _____

Firm/Company Name to be printed on card

Address of Firm/Company (P.O. Box address is not acceptable)

 Postcode

Firm/Company Registration No. Registration Date Nature of Business

Office Tel _____ Company's main banker(s) _____

Overall Credit Card Limit Requested: BND _____

3. PERSONAL DETAILS

Full name as in IC or Passport
 Mr. Mrs. Dr Miss

Name to be printed on card

IC No or Passport no. Nationality Date of Birth (DD/MM/YY)

Marital Status No. of dependents

Home Tel. Mobile No. Emergency No.

Residential Address

 Postcode

Years there _____ Email Address: _____

Residence is Owned Rented Mortgaged
 Employer's Parent's

Billing address to Home Office P.O. Box (Please specify)
 P.O. Box Post Office
 _____ Postcode

4. OTHER PERSONAL INFORMATION

Overseas permanent address (if expatriate, P.O. Box address is not accepted)

Overseas Contact No. _____

5. INFORMATION OF OFFICE CONTACT

Name _____

IC No or Passport no. Nationality Job Title

Office Tel. Mobile No. Email Address

6. PAYMENT INSTRUCTION

Yes, we wish to set up a Standing Instruction for payment of our Monthly Baiduri Credit Card bill.

Please debit our Company Bank Account No: _____

If yes, please indicate the payment amount:

10% Minimum Payment Full Amount

Others, please specify; _____

7. CARD COLLECTION DETAILS

I would like to collect my Baiduri Credit Card at;

- Card Centre Branch, please specify _____
- Others, please specify _____

8. YOUR PRIORITY PASS

Note: Eligible for Baiduri Mastercard Platinum Business credit cardholders.

Principal Card Applicant
First Name (Mr./Mrs./Ms.)

Family Name

Mobile No. Signature Date

Note:
1) Priority pass is valid for 1 (one) year only.

2) If the Cardholder wishes to query the amount charged on any invoice, he/she must take the matter up with Baiduri Bank Berhad within 21 (twenty-one) days of receipt of said invoice and provide any documentary evidence that may be required to prove the invoice is incorrect. If the Cardholder does not dispute the invoice within the said 21 (twenty-one) days, the invoice will be deemed to be correct and the Cardholder will remain liable to pay Baiduri Bank Berhad the amount outstanding as per Baiduri Bank Berhad's standard payment terms.

9. 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 this 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) Agree to be jointly and severally liable for all costs, fees, charges and indebtedness incurred in connection with or pursuant to the use of the credit card issued pursuant to this application.

10. SIGNATURE

Signature of Authorised Signatory(ies) for Company/Firm (Business Credit Card applicant)

Signed as Authorized Signatory for and behalf of by: _____ Signed as Authorized Signatory for and behalf of by: _____

Name: _____ Name: _____
Position: _____ Position: _____
Date: _____ Date: _____

***Chop of Company (if applicable)**

Signature of Cardholder proposed by Company/Firm (Business Credit Card applicant)

Signed by: _____

Name: _____
Brunei IC No: _____
Position held in the Company/Firm: _____
Date: _____

11. FOR BANK USE

For Branch/Business Unit Use – (tick whichever is applicable)

- Within Credit policy
 Outwith Credit policy

Checked and recommended by HOD/Branch Manager/Manager

Name & Signature

	Date:
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For Card Centre Use – (tick whichever is applicable)

Sales Channel
 DM (Direct Mailing) RS (Road show)
 O (Others) WI (Branch walk-in)

Promotion Code

Program

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Expiry Date

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Group:
 Normal Staff Staff related parties VIP Decline Approved

12. FOR CAAU USE

Credit Limit BND\$ _____

Approved by:
Name & Signature

Approval 1	Date:
Approval 2	Date:

