

### DEBIT CARD APPLICATION FORM

Please bring along original and photocopies of required documents:  
 • Photocopy of valid Brunei IC or ID (Applicant must be at least 15 years old and must hold a Baiduri Savings' or Current Account)

**Choice of Card & Annual Fees (Please tick where applicable)**

Card Type – VISA PAYWAVE DEBIT	Fee (s)	Card Type – UNION PAY DEBIT	Fee(s)
<input type="checkbox"/> VISA <b>PLATINUM</b> payWave	B\$ 18.00	<input type="checkbox"/> Union Pay Card*	Free / Personalisation BND15
<input type="checkbox"/> VISA Classic payWave WITH bonus points	B\$ 9.00		
<input type="checkbox"/> VISA Classic payWave WITHOUT bonus points	Free		

**Card Type – SMART EXECUTIVE MASTERCARD PREMIUM DEBIT**  
 • For Smart Executive Members only (Min. Age of 21 and Salary assigned/ to be assigned)  
 Smart Executive MasterCard Premium Debit Card

**Fee(s)**  
 Free Program Code: SEMAFW

<b>Name to appear on card</b> (Max 19 Characters only)	Visa payWave Debit / Smart Executive MasterCard Premium Debit Card Only _____ _____
	Union Pay Debit Personalised Card Only *(Personalisation Fee Applies) _____ _____

**CUSTOMER PERSONAL INFORMATION (Please tick where applicable)**

**Full Name (as per Identity Document)**  Mr.  Mrs.  Dr.  Miss  
**Identity Document**  
 No: \_\_\_\_\_ Colour: (Y / P / G)

**Residential Address:**  
 \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 Owned  Rented  Mortgaged  Employer's  Parents'

**Correspondence/Mailing Address:**  
 P.O.Box (\_\_\_\_\_) \_\_\_\_\_  
 Postcode: \_\_\_\_\_

**Gender:**  Male  Female  
**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Marital Status:**  Single  Married  Other \_\_\_\_\_  
**Nationality:** \_\_\_\_\_

**Contact Detail:**  
 Home: \_\_\_\_\_  
 HP: \_\_\_\_\_  
 Office: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 (Max 30 characters only)

**EMPLOYMENT DETAIL**

**Name of Employer:** \_\_\_\_\_ **Employer Address:** \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
**Designation/ Position:** \_\_\_\_\_

**Annual Gross Income:** \_\_\_\_\_ **Date joined:** \_\_\_\_\_ **Expiry date of contract (If applicable):** \_\_\_\_\_

**Bank Account to be linked**

Please link my following Baiduri Bank / Baiduri Finance account(s) to my Baiduri Debit Card

Main Account (For Card purchases only)  
 \_\_\_\_\_  
 If you have more than one (1) account with Baiduri Bank, you may request them to be linked to your Card (only for Baiduri ATM withdrawals)  
 Other Account(s)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Card Spending Limit	Card Collection Details ( Please tick where applicable)
No monthly spending limit (limited to available funds in respective account); OR  <input type="checkbox"/> Requested <b>MONTHLY</b> spending limit of B\$ _____	<input type="checkbox"/> Card Centre <input type="checkbox"/> Tutong Branch <input type="checkbox"/> Seria Branch  <input type="checkbox"/> Kuala Belait Branch <input type="checkbox"/> Others (By Request only) _____

**Endorsement**

I shall be bound by Baiduri Bank Berhad's Term and Conditions relating to the Baiduri debit card(s) once this application is accepted by Baiduri Bank Berhad. I understand that Baiduri Bank Berhad has the right to decline this application without any reason.



Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_

**FOR BANK USE**

**Caution List**

BCY list Dated: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
LTG list Dated: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unsatisfactory list Dated: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
BFB defaulters list dated: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Others: UN list dated: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Others: OFAC list dated: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Checked by (Staff Name) : \_\_\_\_\_ Date checked : \_\_\_\_\_

**Important Note: Branch Manager/ ABM/ Branch officer/Supervisor, sales staff and Card Sales & Service Officer/ Supervisor is fully responsible for the caution list checking.**

**PROMOTION PROGRAM (if any)**

**Visa Platinum payWave Debit**

Program code:

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Program Expiry Date:

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**REMARKS AND APPROVALS OBTAINED**

**Branch Authorised Signature:**

Date:

Branch Stamp

**DEBIT CARD MAINTENANCE**

Card Number – **Visa Platinum payWave Debit**

4	2	1	5	0	4	X	X	X	X	X	X				
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Card Number – **Visa payWave Debit**

4	2	1	5	0	4	X	X	X	X	X	X				
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Card Number – **Union Pay Debit**

6	2	1	2	5	7	X	X	X	X	X	X				
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Card Number – **Smart Executive MasterCard Debit**

5	3	2	6	5	6	X	X	X	X	X	X				
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Branch Input	Name	Date	Initial
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Pre-Embossed Card Activated by			
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**ASCEND**

CCO Input	Initial	Date
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Inputted by		
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Checked by		
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Authorized by		
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Final Checked by		
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**VCAS**

CCO Input	Initial	Date
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Inputted by		
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