

PERSONAL CREDIT CARD APPLICATION FORM

CUSTOMER SEGMENT (Please tick where applicable)				
<input type="checkbox"/> Prestige	<input type="checkbox"/> Smart Executive	<input type="checkbox"/> Others		
CHOICE OF CARD				
Card Type – VISA	Card Type - MASTERCARD	Card Type – AMERICAN EXPRESS (AMEX)		
<input type="checkbox"/> Visa Infinite	<input type="checkbox"/> MasterCard Ladies Platinum	<input type="checkbox"/> Royal Brunei Amex Gold		
<input type="checkbox"/> Visa Platinum	<input type="checkbox"/> MasterCard Platinum	<input type="checkbox"/> Royal Brunei Amex Classic		
<input type="checkbox"/> Visa Platinum Smart Executive	<input type="checkbox"/> MasterCard Ladies Classic			
<input type="checkbox"/> Visa Classic	<input type="checkbox"/> MasterCard Classic			
Please refer to the Cards Disclosure Sheet for the card annual fees, benefits & features				
MINIMUM GROSS SALARY REQUIREMENT* (* Subject to Terms and Conditions):				
Types of Card	Minimum Income per month			
Visa / Master / RB Amex Classic Card	Local : B\$500	Expatriates : B\$1,000		
RB AMEX Gold Card	Local : B\$2,000	Expatriates : B\$3,000		
Visa / Master / Smart Executive Platinum Card** **Strictly for customer with Salary assignment or to be assigned only	Local : B\$2,500 / B\$2,000**	Expatriates : B\$5,000 / B\$4,000**		
Visa Infinite	Local : Above B\$10,000	Expatriates : Above B\$10,000		
Name to be embossed (Principal Cardholder)				
Name to be embossed (Supplementary Cardholder)				
CUSTOMER PERSONAL INFORMATION (Please tick where applicable)				
Full Name (as per Identity Document) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss			Identity Document No: _____ Colour : (Y / P / G) (Please circle one)	
Residential Address : <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Employer's <input type="checkbox"/> Parents' No. of years resided there: _____ Postcode: _____			Correspondence/ Mailing Address: Postcode: _____	
Overseas permanent address for expatriates (P.O. Box address is not accepted): Overseas Contact No.: _____				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____ Note: Minimum age of 21 applies		Contact Detail: Home: _____ Mobile: _____ Office : _____ Email: _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others _____				
No. of dependants:		Nationality:		
EMPLOYMENT DETAIL				
Name of Employer and Address : Postcode: _____			Work Type (Please tick one): <input type="checkbox"/> Salaried <input type="checkbox"/> Contract <input type="checkbox"/> Self-employed <input type="checkbox"/> Others _____	
Designation/ Position:		Date joined:		Expiry date of contract (If applicable):
Monthly Gross Income: B\$	Annual Gross Income: B\$	Monthly Rental Income : B\$	Monthly Business Income: B\$	Other Income: B\$

BANK DETAILS (ACCOUNT(S) WITH BAIDURI BANK OR BAIDURI FINANCE)			
Account Name	Branch	Account Number	
1.			
2.			
3.			
CUSTOMER SPOUSE INFORMATION (TO STRIKE OFF FIELDS IF NOT APPLICABLE)			
Full Name (as per Identity Document) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss (Please tick one)			Identity Document
			No: _____ Colour : (Y / P / G)
Date of Birth: ____/____/____	Nationality:	Occupation:	Annual Income:
Name of Employer:			Contact Detail:
			HP: _____
			Home : _____
			Email: _____
CUSTOMER NEXT OF KIN INFORMATION (OTHER THAN SPOUSE)			
Full Name (as per Identity Document)			Relationship:
Residential Address :			Contact Detail:
			HP : _____
			Home : _____

			Email: _____

SUPPLEMENTARY INFORMATION (TO STRIKE OFF FIELDS IF NOT APPLICABLE) NOT APPLICABLE FOR VISA PLATINUM SMART EXECUTIVE			
Full Name (as per Identity Document) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss			Identity Document
			No: _____
			Colour : (Y / P / G) (Please circle one)
Residential Address :	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Requested Credit Limit (Please tick one):	
		<input type="checkbox"/> Same limit as principal card applicant	
		<input type="checkbox"/> Lower amount (Please specify):	
		BND _____	
Date of Birth: ____/____/____ Note: Minimum age of 18 applies	Nationality:	Contact Detail:	
Relationship (Please tick one):			Home: _____
<input type="checkbox"/> Father(001)	<input type="checkbox"/> Mother(002)	<input type="checkbox"/> Son(003)	Work: _____
<input type="checkbox"/> Daughter(004)	<input type="checkbox"/> Husband(005)	<input type="checkbox"/> Wife(006)	HP : _____
<input type="checkbox"/> Other _____ (010)			Email: _____
Note: Immediate family only			
Name of Employer and Address :			
Designation/ Position:	Occupation:	Annual Income:	
CREDIT CARD BALANCE TRANSFER (TO STRIKE OFF FIELDS IF NOT APPLICABLE)			
<input type="checkbox"/> Yes, I wish to transfer my other bank(s) credit card balances to my Baiduri Credit Card to enjoy 0% interest for the first 6 (six) months.			
Note: For balance transfer, an interest of 0% per month will be charged on rollover amounts and new transactions in the first 6 (six) months. However, an interest of 1.5% per month will be applied immediately should there be a default in the minimum payment due.			
Credit Card Bank Name	Member Since	Card Number	Credit Limit
1.			
2.			
3.			

CREDIT CARD INSTANT EMBOSSING (Please tick where applicable)

- Yes, I would like my/ our card/ cards to be embossed instantly.
- No, please do not instantly emboss my/ our card/ cards

Note: For Instant embossing, a fee of BND5 per card is applicable and will be charged to the credit card account.

INSTANT REWARDS CARD (IR) (TO STRIKE OFF FIELDS IF NOT APPLICABLE)

- Only issued to PRINCIPAL Cardholders
- Supplementary Cards (if any) will also be linked to Principal Instant Rewards Card

Please Select one:

- Non-personalized Personalized : fee of BND15 is applicable

Name to be printed (Principal Cardholder only)																				
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I (Principal applicant) would like to apply for an Instant Reward Card and link it to my credit card

I already have an existing Instant Reward Card and would like to link it to my credit card

Please provide the Instant Reward Card Number:

CARD COLLECTION DETAILS

I would like to collect my Baiduri Credit Card at:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Card Centre | <input type="checkbox"/> Seria Branch | For Visa Platinum Smart Executive Only: | |
| <input type="checkbox"/> Tutong Branch | <input type="checkbox"/> Kuala Belait Branch | | <input type="checkbox"/> Smart Executive Centre, Times Square |
| <input type="checkbox"/> Others. Please specify: _____ | | | <input type="checkbox"/> Smart Executive Centre, Sumbangsih |

**MASTERCARD CASH CARD (FOR VISA PLATINUM SMART EXECUTIVE CUSTOMERS*)
(TO STRIKE OFF FIELDS IF NOT APPLICABLE)**

* Fee waived for first issuance only

I would like to apply for a MasterCard Cash Card and link it to my Visa Platinum Smart Executive

Name to be printed (Principal Cardholder)																				
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I already have an existing MasterCard Cash Card and would like to link it to my Visa Platinum Smart Executive

Please provide the MasterCard Cash Card Number:

OTHER INSTRUCTION

Yes I wish to set up Standing Instruction for payment of my monthly Baiduri Credit Card bill and debit from my a/c no:

Baiduri Bank/ Finance Account Number:																				
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Please debit (Please tick one) Minimum payment of 8% Full amount Other amount _____ %

INSURANCE DECLARATION (ONLY APPLICABLE FOR INFINITE, PLATINUM AND AMEX 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 thru 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.

S.V

Signature of Principal Card Applicant
Date:

Signature of Supplementary Card Applicant
Date:

DOCUMENTS REQUIRED - Please bring along original and photocopies of your documents:

Documents required :

- A. LOCAL (Yellow or Red IC holder)** applicant receiving monthly Salary or Pension*:
- 1) Copy of valid Brunei IC
 - 2) Latest or previous month salary / pension slip
 - 3) Copy of last 3 months account statement **(If salary/pension is credited to other bank)**
 - 4) Confirmation of employment letter for Private co employee's

***NOT old age pension**

B. EXPATRIATES applicant receiving monthly salary:

- 1) Copy of valid Green IC, passport and valid work permit
- 2) Copy of origin country ID
- 3) Latest or previous month salary slip
- 4) Confirmation of employment letter for private co employee's
- 5) Copy of last 3 months account statement **(if salary is credited to other bank)**

C. Application against PROPERTY RENTAL :

- 1) Copy of valid Brunei IC
- 2) Copy of Tenancy Agreement
- 3) Last 12 months account statement

D. Application against FIXED or CERTIFICATE Deposit:

- 1) Copy of valid Brunei IC
- 2) Copy of Baiduri Bank Deposit Certificate
- 3) Original BFB FD certificate
- 4) Proof of monthly income (salary, pension, rental, business income, allowance from family members & etc)

E. Application against BUSINESS income:

- 1) Copy of valid Brunei IC
- 2) Copy of Business Registration certificate (Sole Proprietor)
- 3) Last 12 months bank statement (Personal & Company account)

F. Supplementary Card applications

- 1) Copy of valid IC
- 2) Copy of the origin country ID (For Expatriates)

FOR BRANCH USE

Attended by :

Checked and recommended by Branch Manager

_____ (signature)

_____ (signature & Branch Stamp)

Staff Name:

BM's comments (if any):

Promotion Code (if applicable)

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Expiry Date

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FOR CCO USE

Credit Card Number (principal)

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Instant Rewards Card Number

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Input by :

Checked by :

_____ (signature)

_____ (signature)

Authorized Inputter

Authorized Checker