

SUPPLEMENTARY CREDIT CARD APPLICATION FORM

CHOICE OF CARD & ANNUAL FEES																																			
Card Type (Please <u>tick and underline</u> where applicable)												Note: Supplementary card applicant must be 18 years old and above and an immediate family member of the principal cardholder.																							
<input type="checkbox"/> Visa Infinite BND190												Both Principal cardholder and Supplementary Applicant to be present to complete and sign the application form																							
<input type="checkbox"/> Visa Platinum / Mastercard Platinum / MasterCard Ladies Platinum - BND140																																			
<input type="checkbox"/> Baiduri American Express Gold/ Royal Brunei American Express Gold* BND 70 / Free*																																			
<input type="checkbox"/> Baiduri American Express Classic / Royal Brunei American Express Classic* BND 30 / Free*																																			
<input type="checkbox"/> Visa / MasterCard Classic BND 20												Documents Required: <ul style="list-style-type: none"> Photocopy of Principal card holder valid Brunei IC Photocopy of Supplementary Card holder valid IC/ID 																							
PRINCIPAL CARDHOLDER - PERSONAL INFORMATION (Please tick where applicable)																																			
Principal Card Number: <table border="1" style="width:100%; height: 15px; border-collapse: collapse;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>																																			
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)																																			
SUPPLEMENTARY APPLICANT - 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)																																			
Residential Address :						Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female						Requested Credit Limit : <input type="checkbox"/> Same limit as principal card applicant <input type="checkbox"/> Lower amount (Please specify): BND _____																							
Date of Birth: ____ / ____ / ____						Nationality:						Contact Detail: Home: _____ Office : _____ HP : _____ Email: _____																							
Relationship : <input type="checkbox"/> Father(001) <input type="checkbox"/> Mother(002) <input type="checkbox"/> Son(003) <input type="checkbox"/> Daughter(004) <input type="checkbox"/> Husband(005) <input type="checkbox"/> Wife(006) <input type="checkbox"/> Other _____ (010)																																			
Name of Employer and Address :																																			
Designation/ Position:						Occupation:						Annual Income (Bnd)																							
Name to be embossed <table border="1" style="width:100%; height: 15px; border-collapse: collapse;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>																																			
YOUR SUPPLEMENTARY INSTANT REWARDS CARD																																			
Please select one of the following: <input type="checkbox"/> I would like an Instant Rewards Card issued with my name embossed on it. Personalization fee of BND15 applies; Personalization fee is waived for Visa Infinite card application) Name to be embossed: <table border="1" style="width:100%; height: 15px; border-collapse: collapse;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>																																			
<input type="checkbox"/> I already have an existing Instant Rewards Card No.: : _____ that I would like to replace with one that has my name embossed on it.																																			

YOUR SUPPLEMENTARY PRIORITY PASS (Please tick where applicable)

Please select one of the following:

I would like a supplementary Priority Pass issued under this name:

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No, I do not want a supplementary Priority Pass card.

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 Tunneling 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 through 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: