



FLEXCUBE CIF													
Principal:	Supplementary 1:	Supplemen	tary 2:		Supp	olement	ary 3:		Supplementary 4:				
CHOICE OF CARD													
Card Type – VISA			Card	Туре -	- Roy	al Brunei	Visa Cı	redit (	Cards by	Baidu	ri Bank		
☐ Visa Infinite Prestige			<b>†</b>			e for firs							
□ Visa Infinite			□ Visc	a Platin	num (f	free for f	irst 4 ye	ars)*					
□ Visa Platinum Smart Ex	recutive		Card	Type -	MAS	TERCARI	D						
□ Visa Platinum			□Ма	stercar	rd Pla	ıtinum							
□ Visa Classic			□Ма	stercar	rd Clc	assic							
☐ Please tick if applying	for combined limit with e	existing credit	card(s	) (Only	appl	lication f	form red	quired	d)				
Please refer to the Perso	onal Credit Card Product	Disclosure Sh	eet for	the ca	rd an	nual fee	s, bene	fits & 1	features				
MINIMUM GROSS SALAR	RY REQUIREMENT* (*Subjec	t to Terms and	Conditio	ons):									
Types of Card						ome pe							
Visa / Mastercard Clas				ocal: B	3ND50	00		Expat	riates: BN	1D1,00	0		
	inum and Visa Platinum Sı h Salary assignment or to be			ocal: B	BND2,	000		Expat	riates: BN	1D4,00	0		
Visa Infinite / Infinite Pr		, assigned only		ocal /	Expa	triate: Al	bove B1	ND10,	000				
CARD DETAILS (Please	tick where applicable)												
	t emboss your card(s)?	only available o	at Main	Branch,	, Mall I	Branch, S	erusop B	Branch	and Seric	Branc	h)		
☐ Yes* ☐ No	of PNDE is applicable for as	vab instant amb		ard an	الأنبياء	oo obara	ad ta tha	o orodi	it oard ao	oount			
An instant embossing fee	of BND5 is applicable for ec	ach insidni emic	ossea c	ara and	a wiii k	se charge	ed to the	e crea	ii cara ac	COUNT			
Where would you like to			.,		5								
□ Main Branch □ Tu	utong Branch 🗆 Ser	ia Branch	□Ku	Jala Be	elait Bi	ranch	ΠО	thers	(please	specify)			
What is your Preferred C	redit Limit?								()	op 0 0,,			
□ Preferred Credit Limit*						dit Limit							
*The Bank may assign a Cr	edit Limit which may be low	er than the am	ount yo	u have	indicc	ated, subj	ject to th	ne Ban	ık's review	and a	pproval		
Name to appear on car	rd(s) (maximum of 19 charc	acters only)											
Principal Cardholder													
Supplementary Applicant	1												
Supplementary Applicant	2												
Supplementary Applicant	3												
Supplementary Applicant	4												
CUSTOMER PERSONAL	LINFORMATION (Please	tick where a	oplical	ole)					•				
Full Name (as per Identity	<b>Document)</b> $\square$ Mr. $\square$ Mrs. $\square$	□ Dr. □ Miss							Identity	Docun	nent No:		
Davidson Had Address			ı	C		/ AA!!!-	A al ala a a						
Residential Address:						<b>nce/ Mailir</b> idential ac		SS:					
	Postcode	e:											
☐ Owned ☐ Rented ☐ M	Nortgaged 🗆 Employer's 🗆												
	No. of years resided here:												
Overseas permanent addr				Gender:   Male Female									
(P.O. Box address is not ac		Marita	ıl Statu	JS:									
				□ Sing	gle	□М	arried		Others _				
				Date o	of Birth	:	/	/					
Overseas Contact No.:				No. of	depe	ndants: _							
Contact Details:	IID.					Ottic	0.						
Home:	Hr: _					UIIIC	c						
Email:													
(May 30 characters only)													

EMPLOYMENT DETAILS (Please tick where applicable)																												
Name of Employer and Address:								ode	Job Status:  Salaried Contract Self-employed Unemplot de:  Others (please specify)								oye											
Occupation: Position:							Date joined:							Others (please specify)  Expiry date of contract (If applicable):														
Annual Gross Income: BND	, , , , , , , , , , , , , , , , , , , ,					ne: Monthly Business BND					ness					Other Income: BND												
EMERGENCY CONTACT D	ET.A	۱I	<b>.S</b> (F	Rela	tive	es o	ther	thar	n sp	oous	se)																	
Full Name (as per Identity Docu	me	nt)	I □M	r. 🗆	Mı	s.	□ Dr.	□ <i>l</i>	∕iss	i											R	Rela	tior	nshi	ip:			
Contact Details: Home:						HP:											0	ffice	:									
Email: (Max 30 characters only)																												
SUPPLEMENTARY APPLICA											NC	l (Ple	ase	tic	ck w	here	e c	lqqı	ica	ble								
Full Name (as per Identity Docu	me	nt)	□M	r.	Mı	S.	□ Dr.	□ 1	∕liss												-	den	tity	Do	CU	mei	nt No	<b>-</b> :
Residential Address:								Mo	arito	e al Sto							Sar	e <b>stec</b> me li ver c	mit	as p	orir	ncip	al o	car	rd c	lqqt	icar	
									•	gle ners			Mc	ırrie	ed	□ Lower amount (Please specify)  Relationship (Please tick one):							001					
								Date of Birth:							-   Father (001)   Mother (002)   Son (003)   Daughter (004)   Husband (005)   Wife (006)   Sister													
								// (Minimum age of 18 applies)																				
Posto	code	e:						Nationality:						Other(010)  Note: Immediate family only														
Contact Details:						LID:		I									_	. c										
Home:	Т		Τ	Τ	Τ	HP:	T	Τ	T	T	T	<u> </u>	П		Τ	Π	Т	ffice	:: T	T		Τ	T		Т	<u> </u>	Т	
(Max 30 characters only)																									_			
Name of Employer and Address	S																											
Occupation:								_			<u> </u>	nnuc				_									_			
SUPPLEMENTARY APPLICA Full Name (as per Identity Docu											NC	l (Ple	ase	tic	ck w	here	e c	ppl	ica	ble		ما مام	TiT.				ad Ala	
ruii Name (as per identity Docu	me	nt)	/\	ıf. L	<i>IV</i> (I	S.	⊔ Dr.	⊔ <i>Г</i>	VIISS												_						nt No	_
Residential Address:						□ 1	and Mal	е		emal	e			Requested Credit Limit (Please tick one):  Same limit as principal card applicant Lower amount (Please specify): BND														
						Sing	al Sta gle ners .			Мс	ırrie	_	Relationship (Please tick one):    Father (001)						ise tick one):									
						_/	of Bi	/_		_																		
Postcode:					(Minimum age of 18 applies)  Nationality:						Other(010						)											
Contact Details:																						,						
Home:	_		_	_	_	HP:			_		_				_		0	ffice	: _			_	_		_	_	_	
Email: (Max 30 characters only)			L			$\perp$		$\perp$		$\perp$							L		$\perp$						$\frac{\perp}{}$	$\perp$	$\perp$	
Name of Employer and Address	S																											
Occupation:											Δ	nnuc	ıl Inc	on	ue.													

SUPPLEMENTARY APPLICANT (3) - PERSONAL Full Name (as per Identity Document)   Mr.   Mrs.		<b>N</b> (Please tic		plicable, htity Docum								
To the terms (as por lastim) as sometimes.												
Residential Address:	Gender:  ☐ Male ☐ Female	ale	Requested Credit Limit (Please tick one):  Same limit as principal card applicant									
	Marital Status:											
	<ul><li>□ Single</li><li>□ Others</li></ul>	□ Married	Relationsh	ip (Please								
	Date of Birth:		☐ Father (0 ☐ Son (003	)	<ul><li>□ Mother</li><li>□ Daugh</li></ul>							
	///		□ Son (003 □ Husband			06)`						
Darteader	(Minimum age of 1	i 8 applies)	<ul><li>□ Brother</li><li>□ Other</li></ul>		□ Sister	(0	10)					
Postcode:  Contact Details:	Nationality:		Note: Immediate family only									
Home: HP: _			Office:									
Email:	$\top$											
Email: L L L L L L L L L L L L L L L L L L L												
Name of Employer and Address:												
Occupation:	Annual Incom	e:										
SUPPLEMENTARY APPLICANT (4) - PERSONAI		N (Please tic	<u>'</u>	<u> </u>								
Full Name (as per Identity Document)   Mr.   Mrs.	Dr. ☐ Miss		lder	ntity Docur	ment No:							
Residential Address:	Gender:		Requested	Credit Lin	<b>nit</b> (Please	e tick one	e):					
	□ Male □ Fema	ale	□ Same li									
	Marital Status:  ☐ Single	□ Married	□ Lower o				<u></u>					
	Others		Relationship (Please tick one):         □ Father (001)       □ Mother (002)         □ Son (003)       □ Daughter (004)									
	Date of Birth:		□ Son (003) □ Daughter (004) □ Husband (005) □ Wife (006)									
	// (Minimum age of 1		□ Brother □ Sister									
Postcode:	Nationality:		Other(010)  Note: Immediate family only									
Contact Details:												
Home: HP: _			Off	ice:				_				
Email:												
(Max 30 characters only)  Name of Employer and Address:												
Occupation:	Annual Incom	e:										
INSTANT REWARDS CARD (IR) (Please tick whe					olders)							
<ul> <li>I already have an existing Instant Rewards Co Please provide the Instant Reward Card Number:</li> </ul>	ırd and would lik	ke to link it to	o my Credit	Card								
6 0 1 6 0 0 X X X	X X X		Exp	iry Date:			(mm	nyy)				
$\ \square$ I would like to apply for a <b>personalized</b> Instan		and link it to	my Credit	Card (fe	e of BND	)15 is ap	plicable	)				
Name to appear on card (Max 19 Character Instant Reward Personalised Card Only *(Personalised Ca		.)										
Instant Reward Fersonalised Card Only (Fersonalis	иноттее другез											
☐ I would like to apply for a pre-embossed Insta	nt Rewards card	d and would	l like to link	it to my (	Credit Co	ard						
Please provide the Instant Reward Card Number:				,		J. J.						
6 0 1 6 0 0 X X X	x x x		Exp	iry Date:			(mm	ıyy)				
ROYAL SKIES MEMBERSHIP ACCOUNT INFOR	MATION (Requi	ired for Royd	al Brunei Vis	a Infinite	and Plat	tinum cr	edit card	ds)				
Royal Skies Membership Account Number:												
Note: A Royal Skies Membership account number is re					D	<i>(</i> :						
<b>DRAGONPASS AIRPORT COMPANION</b> (For Rocard limited to ONE supplementary only)	yal Brunei Baidi	uri Visa Intinii	te and Royo	al Brunei	Baiduri V	'isa Plati	num cre	dit				
Name of nominated Supplementary												

<b>CREDIT CARD BALANCE TRA</b>	NSFER (To strike of	ff fields	if not a	pplic	able)											
<ul><li>Yes, I wish to transfer my oth (twelve) months.</li></ul>	her bank(s) credit	card b	alance	s to m	ny Bai	duri C	redit	Card	l to er	njoy 1	% int	erest	for th	e first 12		
<b>Note:</b> A minimum of BND500 transactions in the first 12 (twe		red. Th	ne 1% ii	nteres	t rate	e will l	be c	harge	ed or	rolla	over o	uomp	nts a	nd new		
Credit Card Bank Name	Member Since	Card Number							.imit		F	Requested Amount				
1.																
2.																
3.																
* Subject to the terms and cor at <a href="https://www.baiduri.com">www.baiduri.com</a> .	nditions of the Bala	nce Tr	ansfer p	rogra	m av	ailable	in sc	oftcop	oy in E	Baidu	ri Ban	k Berl	nad's	website		
<b>PAYMENT INSTRUCTION (Ple</b>	ase tick where app	olicabl	e)													
$\hfill \square$ Yes, I wish to set up Standing	g Instruction for pa	yment	of my r	nonth	ly Bai	duri Cı	redit	Card	bill a	nd de	ebit fr	om m	у а/с	no:		
Baiduri Bank/ Finance Ac	count Number:															
Please debit (Please tick or Minimum payment of 8% greater)  Full amount Other amount	of the outstanding	g balaı	nce on	the m	onthly	/ state	men	t (or d	a min	of BN	ID10 -	- whic	heve	r is		

## **INSURANCE DECLARATION** (only applicable for **INFINITE AND PLATINUM** 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 my/our 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) Confirm that I have received the Personal Credit Card Product Disclosure Sheet that contains key information on the cards' features, fees charged and obligations of the Cardholders and understand the explanation given in my preferred language.
- 7) Confirm that Baiduri Bank Berhad has briefed me the basis of interest computation on the Credit Card.
- 8) Confirm that I have read and understood the Credit Card Cardholder Agreement which is available in softcopy in Baiduri Bank Berhad's website at <a href="https://www.baiduri.com">www.baiduri.com</a>.
- 9) Consent to the collection, use and disclosure of your personal information as set out in our Privacy Policy available at <a href="https://www.baiduri.com">www.baiduri.com</a>.

Signature of Principal Card Applic Date:	ant ant		S.V							
Signature of Supplementary Card Date:	Applicant 1	Signature of Supplementary Card Applicant 2 Date:								
Signature of Supplementary Card Date:	Applicant 3	Signature of Date:	Supplementary Co	ard Applicant 4						
<b>DOCUMENTS REQUIRED - Please br</b>	ing along original and photoco	pies of your document	ts:							
Documents required:  A. LOCAL (Yellow or Red IC hold Salary or Pension*:  1) Copy of valid Brunei IC and presidents, excluding those were a concepted to other bank)  4) Copy of last 3 months' according the conception of employment employees  *NOT old age pension  B. EXPATRIATE applicant receiving 1) Copy of valid Green IC, pass 2) Copy of origin country ID 3) Latest or previous month salar 4) Confirmation of employment 5) Copy of last 3 months' according to other bank)  6) Copy of last 12 months' according to other bank)  6) Copy of last 12 months' according to other bank)  C. For Balance Transfer 1) Latest Credit Card statement Copy of Brunei IC/passport and valid and No documents required if applicant is	der) applicant receiving monthly cassport (for Permanent ho are stateless) ary/pension slip cont statement (If salary/pension is letter for private sector monthly salary: port and valid work permit ary slip letter for private co employees cont statement (If salary is count statement and payslip (for exercise or Certificate of Balance (COB) work permit is not required if scanne applying for additional cards with a consequence of the content of the conte	D. Application against P 1) Copy of valid E Residents, excl 2) Copy of valid I 3) Last 12 months  E. Application against FI 1) Copy of valid E Residents, excl 2) Copy of Baidur 3) Original Baidur against BFB FD  F. Application against BI 1) Copy of valid E Residents, excl 2) Copy of Busine 3) Last 12 months account)  G. Supplementary Card 1) Copy of valid E Residents, excl 2) Copy of the ored	ROPERTY RENTAL: Brunei IC and passpor uding those who are renancy Agreement account statement account statement.  XED or CERTIFICATE Derunei IC and passpor uding those who are read and passport uding those who are uding those who are used in the season account of	stateless)  seposit:  rt (for Permanent stateless) cate certificate (if lien  rt (for Permanent stateless) cate rsonal & Company  rermanent stateless)						
FOR BRANC	H USE ONLY	FOR CARD	CENTRE OPERATION	IS USE ONLY						
Staff Name: Date: Checked and recommended by:	Other remarks, if any:  Branch Stamp	Card Product:  Card Product:  Card Product:  Card Product:  Card Product:	P/S   X   X   X   X   X   X	X						
Staff Name: Date:  PROMOTION PR	OGRAM (if any)	Card Product:  Card Product: Inste	X   X   X   X   X   X   X   X   X   X							
Card Product:	Card Product:	— 6 0 1 6 0	0 X X X X X X	X						
Program code:	Program code:	Inputted by	Checked & Authorized by	Final Checker						
Program Expiry Date:  D D M M Y Y Y Y	Program Expiry Date:  D D M M Y Y Y Y	7								