BAIDURI BANK

SUPPLEMENTARY CREDIT CARD APPLICATION FORM

BANK CIF (For Branch Use)

Supplementary 1:	Supplementary 2:	Supplementary 3:	Supplementary 4:
_____	_____	_____	_____

Note: *Supplementary card applicant must be 18 years old and above. Both Principal and Supplementary applicant to be present to complete and sign the application form. Maximum 4 supplementary applicants per cardholder*

PRINCIPAL CARDHOLDER - PERSONAL INFORMATION

Principal Card Details: Card 1

Card Number | | | | | - | | | X | X | - | X | X | X | X | - | | | | | Expiry Date: | | | | | (mmyy)

Principal Card Details: Card 2

Card Number | | | | | - | | | X | X | - | X | X | X | X | - | | | | | Expiry Date: | | | | | (mmyy)

Principal Card Details: Card 3

Card Number | | | | | - | | | X | X | - | X | X | X | X | - | | | | | Expiry Date: | | | | | (mmyy)

Full Name (as per Identity Document) ☐ Mr. ☐ Mrs. ☐ Dr. ☐ Miss

Identity Document

No: _____ **(Y / P / G)**

CARD EMBOSSING NAME *(For supplementary applicant) (max 19 characters only)*

Supplementary Applicant 1																				
Supplementary Applicant 2																				
Supplementary Applicant 3																				
Supplementary Applicant 4																				

SUPPLEMENTARY APPLICANT (1) - PERSONAL INFORMATION *(Please tick where applicable)*

Full Name (as per Identity Document) ☐Mr. ☐ Mrs. ☐ Dr. ☐ Miss

Identity Document

No: _____ **(Y / P / G)**

Residential Address:

Postcode: _____

Gender: ☐ Male ☐ Female

Marital Status:
☐ Single ☐ Married
☐ Others _____

Date of Birth:

____ /____ / _____

Nationality: _____

Requested Credit Limit (Please tick one)**:**
☐ Same limit as principal card applicant
☐ Lower amount (Please specify): BND_____

Relationship (Please tick one)**:**
☐ Father ☐ Mother
☐ Son ☐ Daughter
☐ Husband ☐ Wife
☐ Brother ☐ Sister
☐ Other_____

Note: Immediate family only

Contact Details:

Home: _____ HP: _____ Office: _____

Email: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(Max 30 characters only)

Name of Employer and Address:

Postcode: _____

Occupation:	**Position:**	**Annual Income:**
		BND _____

SUPPLEMENTARY APPLICANT (2) – PERSONAL INFORMATION *(Please tick where applicable)*

Full Name (as per Identity Document) □Mr. □ Mrs. □ Dr. □ Miss

Identity Document
No: _____ **(Y / P / G)**

Residential Address:

Postcode: _____

Gender: □ Male □ Female

Marital Status:
□ Single □ Married
□ Others _____

Date of Birth:
____ /____ / _____
(Minimum age of 18 applies)

Nationality: _____

Requested Credit Limit (Please tick one)**:**
□ Same limit as principal card applicant
□ Lower amount (Please specify): BND_____

Relationship (Please tick one)**:**
□ Father □ Mother
□ Son □ Daughter
□ Husband □ Wife
□ Brother □ Sister
□ Other_____
Note: Immediate family only

Contact Details:
Home: _____ HP: _____ Office: _____

Email:
(Max 30 characters only)

Name of Employer and Address:

Postcode: _____

Occupation:	**Position:**	**Annual Income:**
		BND _____

SUPPLEMENTARY APPLICANT (3) – PERSONAL INFORMATION *(Please tick where applicable)*

Full Name (as per Identity Document) □Mr. □ Mrs. □ Dr. □ Miss

Identity Document
No: _____ **(Y / P / G)**

Residential Address:

Postcode: _____

Gender: □ Male □ Female

Marital Status:
□ Single □ Married
□ Others _____

Date of Birth:
____ /____ / _____
(Minimum age of 18 applies)

Nationality: _____

Requested Credit Limit (Please tick one)**:**
□ Same limit as principal card applicant
□ Lower amount (Please specify): BND_____

Relationship (Please tick one)**:**
□ Father □ Mother
□ Son □ Daughter
□ Husband □ Wife
□ Brother □ Sister
□ Other_____
Note: Immediate family only

Contact Details:
Home: _____ HP: _____ Office: _____

Email:
(Max 30 characters only)

Name of Employer and Address:

Postcode: _____

Occupation:	**Position:**	**Annual Income:**
		BND _____

SUPPLEMENTARY APPLICANT (4) – PERSONAL INFORMATION *(Please tick where applicable)*

Full Name (as per Identity Document) □Mr. □ Mrs. □ Dr. □ Miss

Identity Document

No: _____ (Y / P / G)

Residential Address:

Postcode: _____

Gender: □ Male □ Female

Marital Status:
□ Single □ Married
□ Others _____

Date of Birth:

____ /____ / _____
(Minimum age of 18 applies)

Nationality: _____

Requested Credit Limit (Please tick one)**:**
□ Same limit as principal card applicant
□ Lower amount (Please specify): BND_____

Relationship (Please tick one)**:**
□ Father □ Mother
□ Son □ Daughter
□ Husband □ Wife
□ Brother □ Sister
□ Other_____
Note: Immediate family only

Contact Details:
Home: _____ HP: _____ Office: _____

Email: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
(Max 30 characters only)

Name of Employer and Address:

Postcode: _____

Occupation:	**Position:**	**Annual Income:** **BND** _____

DRAGONPASS AIRPORT COMPANION *(For Royal Brunei Visa Infinite and Platinum ; Limited to one supplementary applicant only)*

Name of Nominated Supplementary Applicant:

INSURANCE DECLARATION (Applicable to Infinite and Platinum cards only

I/We confirm that:
1) I/We understand that complimentary travel insurance is available when travel fares are charged to the Card.
2) To the best of my knowledge, that:
   a) I/We do not have any known serious medical condition that would affect eligibility; and
   b) Coverage for excluded occupations applies only when travelling for leisure or while off duty.

Excluded Occupations: Divers, Police, Military/Armed Forces, Law Enforcement Officers, Aircraft Testers/Pilots/Crew, Seamen, Fisherman, Racing Drivers, Jockeys, Oil Rig Workers, Sawmill/Timber Workers, Firefighters, War Correspondents, Steeplejacks, Demolition Workers, Ambulance Personnel, Woodworking Machine Operators, Explosive Handlers, Underground Mining and Tunnelling Workers, and Professional Sportspersons.

GROUP MARKETING CONSENT

Do you consent to receive marketing communications from Baiduri Bank, Baiduri Finance, and Baiduri Capital via email, SMS, phone calls, instant messaging platforms, and other applicable channels, in accordance with the Group Privacy Notice? You may withdraw your consent at any time.

☐ Yes, I/we consent and acknowledge that I/we may withdraw my consent at any time.

☐ No, I/we do not consent

DECLARATION AND CONSENT

I/We confirm that:

1) I/We understand that this application is subject to the Bank's approval. The Bank reserves the right to approve, decline, or vary the card type, credit limit, or applicable terms at its discretion.
2) All information provided in this application and supporting documents is true, accurate, and complete, and the Bank may rely on such information in assessing this application.
3) There are no legal or enforcement proceedings against me/us or my/our assets as at the date of this application.
4) I/We authorise the Bank to verify my/our information, including contacting my/our bankers, employers, or other relevant parties where necessary.
5) I/We agree to be bound by the Bank's Terms and Conditions, as amended from time to time, including any applicable fees and charges.
6) I/We have been provided with, or have access to, the Personal Credit Card Product Disclosure Sheet and understand the key features, fees and obligations.
7) The basis of interest calculation on the Credit Card has been explained to me/us.
8) I/We have read and understood the Credit Card Cardholder Agreement, as amended from time to time and available on the Bank's website.
9) I/We understand that any Balance Transfer request is subject to the Bank's approval and the applicable terms and conditions, as may be amended from time to time and published on the Bank's website.
10) I/We acknowledge that the Bank may collect, use, and disclose my/our personal data for purposes relating to the provision and administration of credit card services, including verification, fraud prevention and compliance with legal and regulatory requirements. Further details are available in the Bank's prevailing data protection notice, as updated from time to time.
11) I/We undertake to promptly notify the Bank of any changes to the information provided in this application.

_____
Signature of Principal Card Applicant
Date:

S.V

_____
Signature of Supplementary Card Applicant 1
Date:

_____
Signature of Supplementary Card Applicant 2
Date:

_____
Signature of Supplementary Card Applicant 3
Date:

_____
Signature of Supplementary Card Applicant 4
Date:

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

General documents:

- Photocopy of valid Brunei IC
- Photocopy of passport and employment pass for expatriates

FOR BRANCH USE ONLY

Attended by:

_____ (signature)
Staff Name:
Date:

Other remarks, if any:

Branch Stamp

Checked and recommended by:

_____ (signature)
Staff Name:
Date:

FOR CARD CENTRE OPERATIONS USE ONLY

Supplementary Applicant 1	Application Ref: _____				
	Last 4 digit:				
Supplementary Applicant 2	Application Ref: _____				
	Last 4 digit:				
Supplementary Applicant 3	Application Ref: _____				
	Last 4 digit:				
Supplementary Applicant 4	Application Ref: _____				
	Last 4 digit:				

Inputted by	Checked & Authorized by	Final Checker