

# SUPPLEMENTARY CREDIT CARD APPLICATION FORM

BANK CIF (For Branch Use)			
Supplementary 1:	Supplementary 2:	Supplementary 3:	Supplementary 4:
<b>Note:</b> 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			
<b>Principal Card Details: Card 1</b>			
Card Number	X X - X X X X -	Expiry Date:	(mmyy)
<b>Principal Card Details: Card 2</b>			
Card Number	X X - X X X X -	Expiry Date:	(mmyy)
<b>Principal Card Details: Card 3</b>			
Card Number	X X - X X X X -	Expiry Date:	(mmyy)
<b>Full Name (as per Identity Document)</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss		<b>Identity Document</b> 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)			
<b>Full Name (as per Identity Document)</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss		<b>Identity Document</b> No: _____ (Y / P / G)	
<b>Residential Address:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others _____ <b>Date of Birth:</b> ____ / ____ / ____ <b>Nationality:</b> _____	<b>Requested Credit Limit</b> (Please tick one): <input type="checkbox"/> Same limit as principal card applicant <input type="checkbox"/> Lower amount (Please specify): BND _____ <b>Relationship</b> (Please tick one): <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Other _____ <b>Note: Immediate family only</b>	
<b>Postcode:</b> _____			
<b>Contact Details:</b>			
Home: _____		HP: _____	Office: _____
Email: _____			
(Max 30 characters only)			
<b>Name of Employer and Address:</b>		<b>Occupation:</b>	
Postcode: _____			

**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:

Gender:  Male  Female**Requested Credit Limit** (Please tick one): Same limit as principal card applicant Lower amount (Please specify): BND \_\_\_\_\_**Marital Status:** Single  Married Others \_\_\_\_\_**Relationship** (Please tick one): Father Mother Son Daughter Husband Wife Brother Sister Other \_\_\_\_\_**Note: Immediate family only****Date of Birth:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Minimum age of 18 applies)

**Nationality:** \_\_\_\_\_

Postcode: \_\_\_\_\_

**Contact Details:**

Home: \_\_\_\_\_

HP: \_\_\_\_\_

Office: \_\_\_\_\_

Email: \_\_\_\_\_

(Max 30 characters only)

**Name of Employer and Address:**

Postcode: \_\_\_\_\_

**Occupation:****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:

Gender:  Male  Female**Requested Credit Limit** (Please tick one): Same limit as principal card applicant Lower amount (Please specify): BND \_\_\_\_\_**Marital Status:** Single  Married Others \_\_\_\_\_**Relationship** (Please tick one): Father Mother Son Daughter Husband Wife Brother Sister Other \_\_\_\_\_**Note: Immediate family only****Date of Birth:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Minimum age of 18 applies)

**Nationality:** \_\_\_\_\_

Postcode: \_\_\_\_\_

**Contact Details:**

Home: \_\_\_\_\_

HP: \_\_\_\_\_

Office: \_\_\_\_\_

Email: \_\_\_\_\_

(Max 30 characters only)

**Name of Employer and Address:**

Postcode: \_\_\_\_\_

**Occupation:****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:

Gender:  Male  Female**Requested Credit Limit** (Please tick one): Same limit as principal card applicant Lower amount (Please specify): BND \_\_\_\_\_**Marital Status:** Single  Married Others \_\_\_\_\_**Relationship** (Please tick one): Father Mother Son Daughter Husband Wife Brother Sister Other \_\_\_\_\_**Note: Immediate family only****Date of Birth:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Minimum age of 18 applies)

**Nationality:** \_\_\_\_\_

Postcode: \_\_\_\_\_



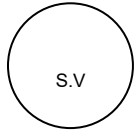
**DECLARATION AND CONSENT**

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:



\_\_\_\_\_  
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	FOR CARD CENTRE OPERATIONS USE ONLY		
Attended by:  _____ (signature) Staff Name: Date:	Supplementary Applicant 1	Application Ref: _____	
		Last 4 digit:	<input type="text"/>
Other remarks, if any:	Supplementary Applicant 2	Application Ref: _____	
		Last 4 digit:	<input type="text"/>
Checked and recommended by:  _____ (signature)	Supplementary Applicant 3	Application Ref: _____	
		Last 4 digit:	<input type="text"/>
Staff Name: Date:	Supplementary Applicant 4	Application Ref: _____	
		Last 4 digit:	<input type="text"/>
	<b>Inputted by</b>	<b>Checked &amp; Authorized by</b>	<b>Final Checker</b>

