

# SUPPLEMENTARY CREDIT CARD APPLICATION FORM

FLEXCUBE CIF																		
Supplementary 1:	Supp	lement	ary 2:	Supplementary 3:				y 3:		Supplementary 4:								
CHOICE OF CARD																		
Card Type (Please tick one)					Note:													
□ Visa Infinite / Visa Infinite Prestige	nite	Supplementary card applicant must be 18 years old and above and an immediate family member of the principal cardholder.																
□ Visa Platinum / Smart Executive \ Platinum / Royal Brunei Visa Plati	card	Both Principal cardholder and Supplementary Applicant to be present to complete and sign the application form																
□ Visa / Mastercard Classic	Max. 4 supplementary applicants per cardholder																	
PRINCIPAL CARDHOLDER - PERSONAL INFORMATION																		
Principal Card Details																		
Card Number	Card Number - X X X - X X X X - Expiry Date:							(mr	myy)									
Full Name (as per Identity Docume	e <b>nt)</b> □ Mr. □ N	∕Irs. □ [	Dr. 🗆 Miss	5				Identity Document										
								No:	No:(Y / P / G)									
CARD EMBOSSING NAME (Fo	or supplemer	ntary ap	oplicant)	(ma	x 19 d	chara	cters	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 Docume	e <b>nt)</b> □Mr. □ Mi	rs. 🗆 Dr	.   Miss					lde	ntity D	ocun	nent							
								No:	:			(	Y / P	/G)				
Residential Address: Gende					ale	□ Fem	nale		No: ( Y / P / G )  Requested Credit Limit (Please tick one):									
									Same limit as principal card applicant									
	Marital S  □ Single	<b>Status:</b> e □ Married					Lower amount (Please specify): BND  Relationship (Please tick one):											
	Others						□ Father (001) □ Mother (002)											
	Date of Birth:						□ Son (003) □ Daughter (004) □ Husband (005) □ Wife (006)											
	//						□ Brother □ Sister											
Postc	Nationality:					□ Other(010)												
Contact Details:		Į.																
Home: Office:																		
Email:																		
(Max 30 characters only)																		
Name of Employer and Address:																		
											_							
D : 1: /D :::			1.0					1.	Postcode:									
Designation/ Position:					Occupation:					Annual Income:								

SUPPLEMENTARY APPLICANT (2) - PERSONAL INFORMATION (Please tick where applicable)																		
Full Name (as per Identity Document) \( \triangle Mrs. \( \price Mrs. \) \( \price Mrs. \)							Identity Document											
						No: (Y / P / G )												
Residential Address:	G	Gender: □ Male □ Female				male	Requested Credit Limit (Please tick one):											
	м	arital S	status.				□ Same limit as principal card applicant											
		Single		□ <i>N</i>	//arrie	d	□ Lower amount (Please specify): BND											
		Other				_							one		001			
	Do	ate of I	Birth:					nne n ((	ir (00 1031	1)		□D	noine auah	ter (	JZ) (004	1)		
	_	//					□ Father (001) □ Mother (002) □ Son (003) □ Daughter (004) □ Husband (005) □ Wife (006)											
	(N	(Minimum age of 18 applies)					□ Brother □ Sister											
Postcode:	N	Nationality:					Other(010)  Note: Immediate family only											
Contact Details:																		
Home: Office:																		
Email:																		
(Max 30 characters only)																		
Name of Employer and Address:																		
Designation/ Position:	0	ссира	ıtion:						Α	nnud	al Ir	ncon	ne:					
SUPPLEMENTARY APPLICANT (3) – PERSONAL				N (PI	9229	tick	Annual Income:											
Full Name (as per Identity Document)   Mr.   Mrs.				14 (1 //	casc	TICK	Iden											
,								-						Y/	' P /	G)		
Residential Address:	G	ender:	: 🗆 Male	Э	□ Fer	nale	No: ( Y / P / G )  Requested Credit Limit (Please tick one):											
							Same limit as principal card applicant											
		<b>arital S</b> Single		Π Λ	/arrie	d	□ Lower amount (Please specify): BND											
		☐ Single ☐ Married ☐ Others					Relationship (Please tick one):											
	Do	Date of Birth:					□ Father (001) □ Mother (002) □ Son (003) □ Daughter (004) □ Husband (005) □ Wife (006)											
		//				□ Hu	n (u Isha	Jusj Ind (	(00.5)			augn Vife (1	1061 1061	(004 1	1			
	(N	(Minimum age of 18 applies)				☐ Brother ☐ Sister												
						□ Other(010)												
Postcode:	N	Nationality:				Note: Immediate family only												
Contact Details:																		
Home: HP:								0	ffice:	:				_	_			
Email:																		
(Max 30 characters only)		•			'													
Name of Employer and Address:																		
Designation/ Position:	0	Occupation:					Annual Income:											
SUPPLEMENTARY APPLICANT (4) - PERSONAL																		
Full Name (as per Identity Document)   Mr.   Mrs.							Identity Document											
		2 233					No:(Y/P/G)											
Residential Address:	G	Gender:   Male  Female					Requested Credit Limit (Please tick one):											
		Adamital Status					□ Same limit as principal card applicant											
		Marital Status:  □ Single □ Married				d	□ Lower amount (Please specify): BND											
		Others				_	Relationship (Please tick one):											
	Do	Date of Birth:				□ Father (001) □ Mother (002) □ Son (003) □ Daughter (004)												
		//				☐ Husband (005) ☐ Wife (006)												
	(N	(Minimum age of 18 applies)				□ Brother □ Sister												
Portondo	l N	Nationality:				□ Other(010)												
Postcode:	140	Halloffally.				Note: Immediate family only												
Contact Details: Home: HP:								<u> </u>	ffice:									
Home: HP: _	<del></del>	_		<del></del>				$\overline{}$	ш <del>се.</del>	· —	_				一			
Email:	$\perp$															$oxed{oxed}$		
(Max 30 characters only)																		
Name of Employer and Address:																		
Designation/ Position: Occupation:					Δnn	ual	Inco	me.										

DRAGONPASS AIRPORT COMPANION (For Royal Brunei Baiduri Visa Infinite / Platinum limited to ONE supplementary only)

Name of nominated Supplementary

## 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 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.

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 f or expatriates
- Photocopy of domicile ID for expatriates
- Original copy of Fixed Deposit certificate or Certificate of Deposit (for deposit secured application)
- Photocopy of tenancy agreement (for Rental Income)
- Copy of Last 3 Months Bank Statement or last 12 months for variable income or Rental Income

### Additional documents for salaried applicants:

- Latest Salary slip (or past 12 months for variable income)
- Letter of confirmation of employment from employer for Semi-Government and Private Sector.

# Additional documents for Self-Employed applicants:

- Copy of Business Registration certificate
- Copy of Last 12 months bank statement (Personal & Company account)

FOR BRANCH USE ONL	.Y	FOR CARD C	ENTRE OPERATIONS	S USE ONLY					
Attended by:	Supplementary Applicant 1  Application Ref:  Last 4 digit:								
Staff Name: Date:	Supplementary Applicant 2  Application Ref:								
Other remarks, if any:	Branch Stamp	Last 4 digit:  Supplementary App	licant 3						
Checked and recommended by:	Application Ref:								
Staff Name: (signo	iture)	Supplementary App Application Ref: Last 4 digit:							
PROMOTION PROGRAM (if a	any)	Inputted by	Checked & Authorized by	Final Checker					
Card Product:	<del></del>		Admonzed by						
Program code:  Program Expiry Do  M M									