DEBIT CARD APPLICATION FORM



FLEXCUBE CIF						T																	
Individual CIF No:																							
Please bring along original and photocopies of required documents: • Photocopy of valid Brunei IC or ID (Applicant must be at least 15 years old and must hold a Baiduri Savings' or Current Account)																							
CHOICE OF CARD & AN	NUAL F	EES (Plea	se tic	ck wł	nere	app	licab	le)														
Card Type													Fee (s)										
UNISA Platinum Debit													B\$18.00										
□ Royal Brunei VISA Platinu	ım Debi	it by B	aidur	i									B\$18.00										
□ VISA Classic Debit WITH	□ VISA Classic Debit WITH Bonus Points													B\$9.00									
□ VISA Classic Debit WITH	DUT Bon	us Poi	nts										Free										
□ VISA Supasave Debit													В\$9.0	00 (Fre	ee fo	r first 5	5 Yea	ırs)					
☐ MASTERCARD Smart Exe For Smart Executive Member					l salar	y assig	gned ,	/ to be	e assigr	ned)			Free										
☐ MASTERCARD Prestige V For Prestige Members only	orld De	bit											Free										
□ UnionPay Card*													Free	/ Per	sonal	isatio	n B\$1	5.00					
Visa Platinum Debit / Royal Brunei Visa Platinum Debit by Baiduri / Visa Classic Debit / Visa Supasave D Mastercard Smart Executive Platinum Debit / Mastercard Prestige World Debit													ve Debit /										
Name to appear on card	Masi	Tercar	U SIII	UII L	lecoi	10011				710310	TCGIC		silge	Vonc		Ï							
(Max 19 Characters only)	Unio	nPav	Debit	Pers	onalis	ed C	ard (Only *	'(Perso	onalis	ation	Fee	Appli	es)		1	1			J			
CARD COLLECTION DET	AILS (PI	<u> </u>	tick	one	only))																	
I would like to collect my	Baiduri (Card (at:																				
	itong Br				ieria l				□ Kuc		lait B	rand	ch		Othe	ers				_			
CUSTOMER PERSONAL INFORMATION (Please tick where applicable) Full Name (as per Identity Document) Mr. Mrs. Dr. Miss																							
Ton Name (as per lacinny	Docom	• · · · · · · ·	7411.	L 74113	. 🗆 D		141133					1/0	C No: _				Col	our: (Y / R ,	/ G)			
Residential Address:																							
												Po	Passport No:										
						-		stcod	e:				Gender: Male Female										
□ Owned □ Rented □ N	лопдад	,ea L] Emp	oloye	r's 🗆	Pare	ents.					Adamitad Chatras											
Correspondence/Mailing	Address	<u> </u>										Marital Status: □ Single □ Married □ Other											
as residential address												Do	Date of Birth:/										
P.O.Box () Contact Details:						Po	stcoc	de:				N	Nationality:										
Home:				H	HP:								0	ffice:	:								
Email:																							
(Max 30 characters only)																							
EMPLOYMENT DETAIL																							
Name of Employer:																							
Employer Address:																							
	Postcode:																						
Annual Gross Income:	Oc	cupat	ion:				Date	e join	ed:				Expir	y dai	te of o	contro							
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wi	If you have more than one (1) account with Baiduri Bank, you may request them to be linked to your Card (only for Baiduri ATM withdrawals) Other Account(s)																				
	ner A	ACCOU	nt(s)																		
	A P D	SPENI	DING	I IAAIT																	
					ng limit	of B	\$2.50	10 ∙ ○F	?												
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					ABOSS				ick w	here	appli	cable	e)								
					rd to be								,								
					ant eml				·												
No	te: Fo	r Instar	nt embo	ossing, c	a fee of	BND5	per c	ard is	applic	cable c	and will	be ch	argeo	d to th	ne link	æd	Bank c	ıccour	nt.		
RC	DYAL	SKIE	S MEN	BERSH	HIP AC	CO	UNT I	NFO	RMA	ION	(Requ	iired	for R	oyal	Bru	nei	Baid	uri Vi:	sa Plc	atinur	m Debit only)
F	loyal	Skies	Memb	ership	Accou	ınt N	umbe	er:													
IN	STAN	NT REV	VARD:	CAR	D (IR)	(Ple	ase t	ick v	vhere	app	licabi	le)									
													nk it t	to my	/ dek	oit c	card (fee of	BND1	5 is a	pplicable)
					ard (Mo nalised						n Fee	Annl	اءما								
	111310	The RC	Waras	1 01301	Idiised	Carc	a Orii	y (1 C	730710	ansanc	11100	Τρρι	103)								
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	I would like to apply for a pre-embossed Instant Rewards card / I already have an existing Instant Rewards Card and would like to link it to my debit card																				
			ovide t		ant Re		ls Car	rd Nu	mber	<u>: </u>											
	6	0	1	6	0	0													xpiry		
	MASTERCARD CASHCARD (For Mastercard Smart Executive Platinum & Prestige World Debit Only) (Please tick where applicable)																				
			e to ap	ply fo	r a per :	sona	lized	Mast	ercar	d Cas	hCarc	d and	link it	to m	ny M	aste	ercard	l Sma	rt Exe	cutive	e Platinum Debit /
				Ū	orld De	•					:able)										
					ard (Mo Persor						alisati	on Fe	e Api	plies)	1						
	Iwo	uld like	e to ap	ply for	a pre-	emb	ossec	d Ma	sterco	ard Co	ashCa	rd / I a	alrea	dy ho	ave o	an e	existing	a Mas	terca	rd Cc	I ashCard and would like to
					d Smar													,			
	Plec	se pro	ovide t	he Ma	stercar	d Co	shCo	ard D	etails	(for no	on-per	rsonal	lized (card	only)					
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Siç	gnatu	re of A	Applic	ant										D	ate:					-	

FOR BANK USE											
Caution List	List		Date		Yes		No				
Bankruptcy							110				
Litigation	_										
UCA											
BFB											
UN											
OFAC WU											
BBB AML CFT Watch list											
	CSL Screening			Name & Ini	tial						
Checked & Attended by	CSL Screening			Nume & m	iidi		Date				
Confirmed by											
(Supervisor level and above	∍)										
FOR BRA	ANCH USE ONL	Υ		FOR CARD	CENTRE	OPERATION	S USE O	NLY			
Attended by:					FOR CARD CENTRE OPERATIONS USE ON card Number – Visa Platinum Debit						
				Card Number DD	lia a Dlaukino	um Dobit					
Staff Name:	(sign	nature)		Card Number - RB V 4 2 1 5 0	4 X X		Х	\Box			
Date:						1 1 1 1					
Other remarks, if any:		Branch	Stamp	Card Number – Visa			х	$\overline{1}$			
				4 2 1 5 0	4 X X	XXXX	^				
				Card Number – Visa			- - - - - - - - - - 				
Checked and recommende	d by:			4 2 1 5 0	4 X X	X X X	Х				
				Card Number – Unic	n Pay Del	pit					
01. (5.1)	(sign	nature)		6 2 1 2 5	7 X X	x x x	Х				
Staff Name: Date:				Card Number – Mas	tercard SE	Platinum De	bit				
	S CARD ACTIVAT		1 11 1		6 X X		X T				
Card Number (Last 4 digit)	Name	Date	Initial	Carrel Niversia ar Africa	Card Number – Mastercard Prestige World Debit						
UnionPay Debit Card					6 X X		х Деріі		\Box		
Mastercard CashCard											
Instant Rewards Card				Card Number – Mas 5 5 7 7 5	stercard Co		x T	\top	$\overline{}$		
PROMOTIO	N PROGRAM (if o	any)	3 3 7 7 3	0 1 1	^ ^ ^	^					
Visa Platinum Debit Program code:	Program Expiry D	orte:	Card Number – Insta	ant Reward	ds Card						
rrogiam code.	D D M	M Y Y	YY	6 0 1 6 0	0 X X	X X X	X				
RB Visa Platinum Debit				CCO Input	lı	nitial		Date			
Program code:	Program Expiry D	oate:	YY	Inputted by							
Visa Classic Debit	D D M	/ 1									
Program code:	Program Expiry D			Checked &							
Visa Supasave Debit	D D M	MYY	YY	Authorized by							
Program code:	Program Expiry D	oate:		Final Checked by							
	D D M	MYY	ΥΥ								