



Credit Card Application Form

Standard Chartered Brunei Darussalam

Credit Card Details <small>(You may select more than one type of card and complete the information required)</small>		Relationship No. <small>(For bank use only)</small>	
Visa <input type="checkbox"/> Infinite(Priority Client Only) <input type="checkbox"/> Platinum <input type="checkbox"/> Gold MasterCard <input type="checkbox"/> Hua Ho Platinum <input type="checkbox"/> Gold Please kindly request a Product Disclosure Sheet for additional information			
Name to be appear on Card (Minimum 5 to Maximum 19 characters)			
If this information is not provided, the Bank shall have the discretion to decide on the name to appear on your card.			
Qualifying Criteria Please tick ONLY ONE of the following box and complete accordingly: 1, 2 or 3.			
1. <input type="checkbox"/> <u>By Salary assigned to Standard Chartered Bank</u> <input type="checkbox"/> Credited by employer <input type="checkbox"/> By Cash/Cheque	2. <input type="checkbox"/> <u>By Salary assigned to another bank</u> Please indicate Bank _____	3. <input type="checkbox"/> <u>By Fixed Deposit</u> <input type="checkbox"/> You agree for us to debit your current/saving account stated in section 2 and to place a new fixed deposit up to the amount of the credit card limit stated below with yearly renewal tenor and use it as collateral for your credit card application: <input type="checkbox"/> Existing fixed deposit deal no.: _____ By signing this form, You hereby agree: (i) that your credit card shall be secured at all times with the Fixed Deposit amount pledged to Standard Chartered Bank; (ii) that, in addition to any other security Standard Chartered Bank requires to secure the balance owing or any amount which you may owe us in the future, the Fixed Deposit amount is subject to a banker's lien to Standard Chartered Bank; (iii) that, without limiting our other rights, Standard Chartered Bank may set off any of the Fixed Deposit amount against, or apply the lien as security, for any obligations you owe to us as and when the Bank sees fit; (iv) that Standard Chartered Bank may apply the above set off or lien after or without notifying you.	
1. Personal Details			
Full Name: <small>(as per Identity Document)</small>			
Surname as per Identity Document: <small>Surname not applicable <input type="checkbox"/></small>		Mobile No.:	+673
Identity Document No.:		Residential No. (if any):	+673
Email Address:		Office No. (if any):	+673
2. Credit Card			
Would you like to have your Credit Card payments deducted from your Standard Chartered Bank Current/Savings Account?			
If yes, please provide account number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>			
<input type="checkbox"/> Full Payment <input type="checkbox"/> Minimum payment			
<u>Credit Limit Amount</u>			
<input type="checkbox"/> Credit limit of BND _____ <input type="checkbox"/> Maximum credit limit entitlement as determined by Standard Chartered Bank			
<u>Card Delivery</u>			
Please be informed that your credit card will be delivered to your registered mailing address*, unless otherwise specify below;			
<input type="checkbox"/> Residential Address <input type="checkbox"/> Card to be collected at _____ branch.			
*In case of unsuccessful delivery, we will send your card(s) to the branch nearest to your Mailing address. We will not deliver to overseas address and P.O.Box. where mailing address is P.O.Box we will mail to the registered residential address.			



3.	Supplementary Credit Card 1 <small>Optional, Supplementary Card Holder must be at least 21 years old</small>	Relationship No. <small>(For bank use only)</small>	
Name to be appear on Card (Minimum 5 to Maximum 19 characters)			
<small>If this information is not provided, the Bank shall have the discretion to decide on the name to appear on your card.</small>			
Relationship to Primary Cardholder <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister			
Full Name: <small>(as per Identity Document)</small>			
Surname as per Identity Document:			
Identity Document No.:		Date of Birth	D D / M M / Y Y Y Y
Nationality:		Mobile No.:	+673
Current Residential Address (if different from Primary Card Holder)			Place of Birth:
Kampong _____ Mukim _____ City/District _____			
Postal Code _____			
4.	Supplementary Credit Card 2 <small>Optional, Supplementary Card Holder must be at least 21 years old</small>	Relationship No. <small>(For bank use only)</small>	
Name to be appear on Card (Minimum 5 to Maximum 19 characters)			
<small>If this information is not provided, the Bank shall have the discretion to decide on the name to appear on your card.</small>			
Relationship to Primary Cardholder <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister			
Full Name: <small>(as per Identity Document)</small>			
Surname as per Identity Document:			
Identity Document No.:		Date of Birth	D D / M M / Y Y Y Y
Nationality:		Mobile No.:	+673
Current Residential Address (if different from Primary Card Holder)			Place of Birth:
Kampong _____ Mukim _____ City/District _____			
Postal Code _____			
5.	Credit Card Balance Transfer <small>(if applicable)</small>		
Tell us which credit card account(s)* to transfer from			
Credit Card Number 1			
X X X X - X X X X - X X X X - X X X X			
Name of Credit Card holder <small>As per Identity Document</small>			
Credit Card issuing Bank			
Total Outstanding Amount (BND) <small>(As per Certificate of Balance, rounded off to nearest dollar)</small>			
Credit Card Number 2			
X X X X - X X X X - X X X X - X X X X			
Name of Credit Card holder <small>As per Identity Document</small>			
Credit Card issuing Bank			
Total Outstanding Amount (BND) <small>(As per Certificate of Balance, rounded off to nearest dollar)</small>			
<small>BND20 is chargeable to your Credit Card the following month for the Cashier's Order</small>			



To be completed all the below section if you are New to Client at Standard Chartered Bank / Existing to bank client who wish to make change to your personal information.

6. Additional Personal Information

The Information in Box A is as per my Identity Document Yes No Box A
 Please do NOT fill in Box A if 'Yes' is checked

Place of Birth: _____ Date of Birth:

D	D	/	M	M	/	Y	Y	Y	Y
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Current Residential Address Box B

 Kampong _____ Mukim _____ City/District _____ Postal Code _____

This mailing address (including any future amendments made thereto) will be your primary address for all communication purposes and/or product and services. Box C

Mailing Address (Fill in only if it is different to Current Residential Address)

 Kampong _____ Mukim _____ City/District _____ Postal Code _____

Mandatory for foreign nationals only Box D

Foreign Residential Address

City/District _____ Postal Code _____ Country _____

Foreign Phone Number + _____

Ethnic Type Malay Chinese Indian Other Marital Status Single Married Other

Gender Male Female Highest Education Primary Secondary Diploma Degree

I do not wish to sign up for these services: Online Banking Banking Alerts Master PhD Others

7. US Status

Citizenship _____ Country of residence _____ Domicile Country _____

in case of multiple nationalities, please list all nationalities/citizenships held

Are you a U.S Resident? Yes No Do you hold a U.S Permanent Resident Card (Green Card)? Yes No

Are you a U.S Citizen? Yes No

If "Yes" is answered for any of these boxes, please submit a Form W-9.

8. Tax Residence Information

Please complete the following table indicating (i) the country/jurisdiction where you are a resident for tax purposes and (ii) your Taxpayer Identification Number or functional equivalent (hereafter referred as TIN) for each country/jurisdiction indicated.

If you are a resident for tax purposes in more than three countries/jurisdictions, please use a separate sheet.

If a TIN is unavailable, please provide reason A, B or C where appropriate:

- Reason A: The country/jurisdiction where you are resident does not issue TINs to its residents.
- Reason B: You are unable to obtain a TIN (please explain why you are unable or not required to obtain a TIN in the table below if you have selected this reason).
- Reason C: No TIN is required (note: only select this reason if the authorities of the country/jurisdiction of residence for tax purposes entered below do not require the TIN to be disclosed).

No.	Country or Jurisdiction of Tax Residence	TIN	If no TIN or functional equivalent is available enter Reason A, B or C
1			
2			
3			



If Reason B is selected above, explain why you are unable or not required to obtain a TIN in the corresponding row below											
1											
2											
3											
9. Employment details											
Name of Employer/School:	Designation/Position:										
Employment Address:	Job Status <input type="checkbox"/> Salaried <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed										
Postcode:											
Work Type <input type="checkbox"/> Salaried (Controller/Owner/Directors) <input type="checkbox"/> Salaried (General) <input type="checkbox"/> Student <input type="checkbox"/> Self-employed/Business Owner <input type="checkbox"/> Home Maker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed	Profession <input type="checkbox"/> Labourer <input type="checkbox"/> Clerical <input type="checkbox"/> Other <input type="checkbox"/> Professional <input type="checkbox"/> Technician <input type="checkbox"/> Uniform Sales/Commission Earner										
Nature of Business (for self-employed only) <input type="checkbox"/> Import <input type="checkbox"/> Export <input type="checkbox"/> Retailer <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesaler <input type="checkbox"/> Commission <input type="checkbox"/> Other _____	Length of Employment <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/> Months Contract Expiry Date (If applicable) <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">/</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">/</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y		
Declaration											
Before you sign this application form, please read our Customer Terms and other terms indicated in the Declaration section of this form, which are available on our website at www.sc.com/bn . You can request for a physical copy of these terms and conditions by calling us at 2658000.											
By signing this application: <ul style="list-style-type: none"> You acknowledge and confirm that all information (including any documents) you have given us in connection with this application is correct, complete and not misleading. If this is not the case, you will be personally liable. You agree that you have applied for the following: [Credit Card, Online Banking, SMS Alert, e-Statement and/or Fixed Deposit (where applicable)]. You may contact us if you wish to remove any of the products or services in the Pack. However, if you choose to remove any of the products or services, you will not be entitled to the rewards and benefits that are given to you in connection with your original application. You acknowledge and confirm that you are the true owner of the account and are not acting on behalf of any other person. You understand that we may decline your application without giving you any reason for doing so. If this happens, no contractual relationship arises between you and us. You give us consent to contact you at the address, email address and phone numbers you have provided to us, to give you information on other products and services that we, or our strategic partners, may offer. We will act on instructions sent via the email you have provided to us and you accept that all such emails shall be deemed to have been sent by you and you accept that we may, under circumstances determined by us, require from your confirmation or verification of any instructions or communication in such form or manner as we may specify before acting on the same. You authorise us to verify any of the information you have given to us or your credit standing from anyone we may consider appropriate (such as an authority or credit reference agency). Where laws and regulations allow, you give us consent to periodically check your credit status with any credit bureau or credit reference agency. You confirm that your personal information provided in this application form and that of your supplementary card holder (if any) or authorised person (if any) will coincide with the account(s) you hold with us unless you expressly tell us otherwise. You give consent to every Standard Chartered Bank PLC and its subsidiaries and affiliates (including each branch or representative office) ("Standard Chartered Group"), its officers, employees, agents and advisers disclosing information relating to you (including details of our banking agreement, the accounts, the products or any arrangement with us), to our head office and any other member of the Standard Chartered Group in any jurisdiction ("permitted parties") such as, professional advisers, service providers (whether located in Brunei or outside Brunei) for the purpose of providing any service to you in connection with this application (including data processing), or independent contractors to, or agents of, the permitted parties, such as debt collection agencies, data processing firms and correspondents who are under a duty of confidentiality to the permitted parties, any actual or potential participant or sub-participant in relation to any of our obligations under our banking agreement between us, or assignee, novatee or transferee (or any officer, employee, agent or adviser of any of them), any credit reference agency, rating agency, business alliance partner, insurer or insurance broker of, or 											



direct or indirect provider of credit protection to, or any permitted parties; any court, tribunal or authority (including an authority investigating an offence) with jurisdiction over the permitted parties; a merchant or member of VISA International or MasterCard International where the disclosure is in connection with the use of a card; any authorized person or any security provider; anyone we consider necessary in order to provide you with the services in connection with an account.

- You acknowledge and agree that the information contained in this Form and information regarding the Account Holder and any Reportable Account(s) may be provided, directly or indirectly, to any relevant tax authority, including the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be resident for tax purposes pursuant to bilateral or multilateral agreements between governments to exchange financial account information. Where required by domestic or overseas regulators or tax authorities, you consent and permit that the bank may withhold from your account(s) any amount as may be required according to applicable laws, regulations, and directives
- You undertake to submit a suitably updated Form within 30 days of any change in information or change in circumstances which affects your tax residency status or where any information contained in this form becomes incorrect.
- You understand and accept we may assign or otherwise deal with our rights under our banking agreement (including any product or account) in any way we consider appropriate. If we do this, you may not claim against any assignee (or any other person who has interest in our banking agreement) any right of set off or other rights you have against us. If we ask, you must sign and give us or any other person we specify any document we reasonably require for this purpose.
- If you wish to opt out from our Credit Card eStatement, Online/Mobile Banking and Banking Alert services you must notify us through formal writing.
- You acknowledge that all your statements be sent by email. Successful delivery will also depend on external factors not within our control and you must notify us immediately if you have not received your eStatement on time or if there is any change to your email address. Failure to notify us within 10 working days of non-receipt of your eStatement from its due receipt date or changes to your email address (for which any change will only be effective when reflected in our system), your eStatement shall be deemed received by yourself and/or your existing email address is deemed valid at the time of delivery.
- You agree that you must maintain a Fixed Deposit with us or your income is credited to an account with any bank in Brunei Darussalam as a qualifying criterion for Credit Card.
- You confirm that you are not undischarged bankrupt and that there has not been any statutory demand served on you at the time of this application;
- You must ensure that all the outstanding charges for the card will be paid in a timely manner and you are solely liable to arrange for the termination of any standing instructions for any recurring payment charged to the card if any of the events described in the preceding paragraph occur. If you fail to do so, you are personally liable for all the incidental costs and expenses (including but not limited to the recurring charges appearing on the card's statement). You acknowledge that the Bank reserves the absolute discretion to cancel the card if any outstanding charges as set out in the statement are not paid in a timely manner and you will continue to be liable all outstanding charges after the cancellation.
- You acknowledge that we reserve the right to transfer all your outstanding balances incurred on the card to any of your other credit cards maintained with us.
- You ask for a Visa/MasterCard credit card account as indicated in this application form to be opened for you and Standard Chartered Credit Card ("Card") to be issued to you and that we renew and replace them until termination.
- You understand that we may register a legal, valid, binding and enforceable first ranking security interest over collateral pledged to us.
- You have read and understood our Credit Card Terms, Customer Terms and the applicable documents referred to in Part A of our Customer Terms, forming our banking agreement. They are available on our website at www.sc.com/bn or you may call us at 2658000 for a physical copy. You agree to be bound by them when using any products or services we may provide you with. You acknowledge that you are bound by any variation we make to these documents, in accordance with our banking agreement.
- You have understood our Customer Terms and other relevant terms in English. If the terms have a Malay Version, such version shall be intended for reference only; in case of any inconsistency between the Malay version and the English version, the English version shall prevail.

Strictly ONE signature per box

Signature of Main Applicant / Primary Cardholder	Signature of Supplementary Cardholder 1	Signature of Supplementary Cardholder 2
Name: IC No.: Date:	Name: IC No.: Date:	Name: IC No.: Date: