



COVID-19 RELIEF MERCHANT APPLICATION FORM

CIF No: _____

MERCHANT DETAILS

Merchant DBA name / Outlet Name:

Merchant's Legal / Registered Name:

Authorised Contact Person Name:

Contact No. (Office)

(Mobile)

Email Address:

CONSENT & DECLARATION

By signing this application,

1. I/We hereby declare that all the information given herein is true, correct and complete up to the date of this application and undertake to notify the Bank immediately of any changes to the above information.
2. I/We declare that I/We am/are applying for the COVID-19 Relief Package available to me/us subject to the Bank's assessment and approval.
3. I/We acknowledge that all other terms and conditions of my/our existing merchant facility ("Facility") remain unchanged, save as is necessary to give effect to the COVID-19 Relief Package option applicable to me/us.
4. I/We authorise the Bank to conduct due diligence to obtain and/or verify any of the information provided by me/us in this application form or from any other sources as the Bank may in its sole discretion deem fit.
5. I/We acknowledge that the Bank may, at its sole discretion, approve or decline my/our application.
6. I/We acknowledge that upon the Bank's approval of my eligibility for my/our preferred option, I/We shall be duly notified and provided with the applicable terms and conditions relating to the respective facility. I/We agree to be bound by the terms and conditions including any amendments which BIBD may impose from time to time with notice to me/us in any mode of communication that the Bank deems fit.
7. I/We acknowledge and agree that in line with the Facility, the terms and conditions stated herein shall be governed by the Laws of Brunei Darussalam and that the Courts of Brunei Darussalam shall have exclusive jurisdiction to hear/determine any matters relating hereto.

Authorised Signatory(ies)

Authorised Signatory(ies)

Signature

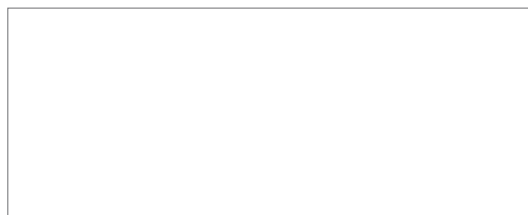
Name

Date

Signature

Name

Date



Company chop (if any)

----- For Bank Use Only -----

ASSESSMENT

Brief description of financial impact of COVID-19 on merchant (to be provided by Merchant Acquisition Relationship Manager)		
	Pre Relief Package Financials	Post Relief Package Financials
Sales Amount		
Merchant Discount Rate %		
Recommendation from Head of Merchant Strategy		
Approval from Deputy Head of Retail Banking		
Exceptional Approval from Head of Retail Banking		