



BORANG PERMOHONAN TAMBAHAN KAD KREDIT MASTERCARD KORPORAT

CORPORATE MASTERCARD CREDIT CARD
ADDITIONAL REQUEST FORM

For Office Use Only	
Company Name:	Corporate ID:
Corporate Account No.:	Date:

MAKLUMAT PEMEGANG KAD | CARDHOLDER'S INFORMATION

Nama Pemegang Kad
Cardholder's Name _____

No. Kad Pengenalan / Pasport
Identity Card / Passport No. _____

No. Telefon Bimbit
Mobile Telephone No. _____

No. Kad Kredit MasterCard Korporat
Corporate MasterCard Credit Card No.

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MAKLUMAT PENGGANTIAN KAD | INFORMATION OF CARD REPLACEMENT

A. PENGGANTIAN KAD / CARD REPLACEMENT

- | | |
|--|---|
| <input type="checkbox"/> Kehilangan Kad Card Lost | <input type="checkbox"/> Kecurian Kad Card Stolen |
| <input type="checkbox"/> Pemalsuan Kad Card Fraud / Counterfeit Card | <input type="checkbox"/> Kad Rosak Card Damaged / Broken |
| <input type="checkbox"/> Kerosakan Jalur Magnetik Magnetic Stripe Faulty | <input type="checkbox"/> Tidak Menerima Kad Non-Receipt of Card |
| <input type="checkbox"/> Pertukaran Nama Pada Kad Changes of Embossed Name | <input type="checkbox"/> Lain-lain Others _____ |

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Tempat Pengambilan Kad | Card Collection Point _____

B. Transaksi Internet | Internet Transaction Dibenarkan | Allowed Tidak Dibenarkan | Not Allowed

C. MENYEKAT / MELEPASKAN SEKATAN KE ATAS KAD | BLOCK / UNBLOCK CARD

Sebab | Reason _____

D. MENUKAR ALAMAT PERSURATAN | CHANGE OF MAILING ADDRESS

Poskod
Postcode _____

E. PERMOHONAN YANG LAIN | OTHER REQUESTS

Sila nyatakan | Please state

MAKLUMAT SYARIKAT | COMPANY INFORMATION

Nama Syarikat Berdaftar
Registered Company Name : _____

No. Telefon Syarikat
Company Telephone No. _____ Nama Orang yang Diberi Kuasa
Name of Authorised Person _____

No. Kad Pengenalan / Pasport
Identity Card / Passport No. _____ No. Telefon
Contact No. _____

Jumlah Kad yang Dibatalkan / Ditutup
No. of Card Cancelled / Closed _____

Limit Kredit Credit Limit	
Had Baki Tersedia Available Balance Limit	
Had Baki Tertunggak Outstanding Balance Limit	

BUTIRAN KAD | CARD DETAILS

Butiran Kad Card Details	Had Kredit Credit Limit:-
Kad No. 1 Card No. 1	\$
Kad No. 2 Card No. 2	\$
Kad No. 3 Card No. 3	\$
Kad No. 4 Card No. 4	\$
Kad No. 5 Card No. 5	\$
Kad No. 6 Card No. 6	\$
Kad No. 7 Card No. 7	\$
Kad No. 8 Card No. 8	\$
Kad No. 9 Card No. 9	\$
Kad No. 10 Card No. 10	\$

SEBAB KAD DIBATALKAN / DITUTUP | REASON FOR CARD CANCELLATION / CLOSURE

Penerangan Description :

Semua maklumat yang diberikan dalam permohonan ini adalah benar dan lengkap. Dengan menandatangani borang ini, saya / kami memberi kebenaran kepada Bank Islam Brunei Darussalam (BIBD) untuk mengesahkan maklumat yang diberikan dan mengakui bahawa BIBD adalah berhak untuk menolak permohonan ini tanpa sebarang kewajipan untuk memberikan apa-apa alasan. Selain itu, saya / kami memberi kebenaran kepada Bank untuk menutup akaun korporat saya / kami dan / atau menjalankan perkhidmatan yang diminta dan memotong mana-mana caj yang ditanggung daripada akaun korporat saya / kami mengikut kesesuaian berhubung dengan penutupan atau perkhidmatan dan / atau ke arah penyelesaian semua baki tertunggak yang perlu dibayar ke Bank. | All information provided in this application is true and complete. By signing this form, I / we authorise Bank Islam Brunei Darussalam (BIBD) to verify the provided information and acknowledge that BIBD has the right to reject this application without any obligation to provide a reason. Furthermore, I / we authorise the Bank to close my / our corporate account and / or carry out the service requested and deduct any charges incurred from my / our corporate account as appropriate in relation to the closure or service and / or towards settlement of all outstanding balance due to the Bank.

Tandatangan yang Diberi Kuasa | Signature of Authorised Signatory

Tarikh / Date

----- For Branch Use Only -----

Documents attached:

- Letter of Authorisation signed by Authorised Signatory & Company Stamp
- Others _____
- Instruction from Corporate Banking Group (written or email)

Completed by:

Staff ID _____ Signature _____ Date / /
dd mm yyyy

Endorsed by:

Staff ID _____ Signature _____ Date / /
dd mm yyyy

----- For Card Operation Use Only -----

Member since _____

Credit Card Limit _____

Card Outstanding Balance _____

Available Balance _____

BlackListed

Plastic Code Box

Status Box

PAST 12 MONTHS RECORDS

x 30 days x 90 days

x 60 days x 120 days

x >150 days

Expiry Date

Initial & Date _____

----- For Verification -----

Maintained by:

Card Centre Verification

 Signature Date / /
dd mm yyyy

 Assistant Manager Date / /
dd mm yyyy