



MANDATORY TO FILL IN

APPLICATION FORM (COMPANY/SOCIETY)

Date

Type of Customer : New Existing

Type of Account : Current Fixed Deposit

Purpose of Account : Transactional Investment Loan Repayment Overdraft/Tradelines
 Remittance Others (please specify) _____

Cheque Book Request : Yes No E-Statement Signup Yes No

Do you have any other account with Maybank? If yes, please indicate the type of account and branch / location account was opened.

BUSINESS PARTICULAR

Registered Name		Country of Registration / Incorporation	
Registration No.	Contact No.	Email Address	
Date Registration / Incorporation :	Office:		
	Mobile:		
Registered Address		Mailing Address (if different from the residential address)	
District / City:	District / City:		
Postal Code	Postal Code	Country	Country
Business type:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Private Limited Company
	<input type="checkbox"/> Society	<input type="checkbox"/> Others _____	

Nature of Business :

Import/Export Manufacturing Agriculture Retailer Commission Construction

Others _____

DIRECTORS/PROPRIETORS/PARTNERS OF THE COMPANY

Name :	Name :	Name :
Address:	Address:	Address:
District / City:	District / City:	District / City:
Postal Code	Postal Code	Postal Code
Contact No:	Contact No:	Contact No:
Nationality: ID/Passport No:	Nationality: ID/Passport No:	Nationality: ID/Passport No:
Name :	Name :	Name :
Address:	Address:	Address:
District / City:	District / City:	District / City:
Postal Code	Postal Code	Postal Code
Contact No:	Contact No:	Contact No:
Nationality: ID/Passport No:	Nationality: ID/Passport No:	Nationality: ID/Passport No:

AUTHORISED SIGNATORIES FOR THE ACCOUNTS

Name :	Name :	Name :
Address:	Address:	Address:
District / City:	District / City:	District / City:
Postal Code	Postal Code	Postal Code
Contact No:	Contact No:	Contact No:
Nationality: ID/Passport No:	Nationality: ID/Passport No:	Nationality: ID/Passport No:
Name :	Name :	Name :
Address:	Address:	Address:
District / City:	District / City:	District / City:
Postal Code	Postal Code	Postal Code
Contact No:	Contact No:	Contact No:
Nationality: ID/Passport No:	Nationality: ID/Passport No:	Nationality: ID/Passport No:

SOURCE OF FUND

Source / origin of incoming fund. You may tick (✓) more than 1 box.

- | | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> Allowance | <input type="checkbox"/> Company / Dividends | <input type="checkbox"/> Inheritance / Gift | <input type="checkbox"/> Interest Payment | <input type="checkbox"/> Loans |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Salary / Commission | <input type="checkbox"/> Shares / Investment | <input type="checkbox"/> Rental | <input type="checkbox"/> Personal Savings |
| <input type="checkbox"/> Others, please specify _____ | | | | |

Country of funds 'Origin': Brunei Others, please specify _____

Estimated Net Worth:

- | | | | | |
|--|--|--|---|--|
| <input type="checkbox"/> Less than B\$100,000 | <input type="checkbox"/> B\$100,000-B\$250,000 | <input type="checkbox"/> B\$250,001-B\$500,000 | <input type="checkbox"/> B\$501,000-B\$1million | <input type="checkbox"/> B\$1million-B\$3million |
| <input type="checkbox"/> B\$3million-B\$5million | <input type="checkbox"/> above B\$5million | | | |

Annual Revenue:

- | | | | | |
|--|--|--|---|--|
| <input type="checkbox"/> Less than B\$100,000 | <input type="checkbox"/> B\$100,000-B\$250,000 | <input type="checkbox"/> B\$250,001-B\$500,000 | <input type="checkbox"/> B\$501,000-B\$1million | <input type="checkbox"/> B\$1million-B\$3million |
| <input type="checkbox"/> B\$3million-B\$5million | <input type="checkbox"/> above B\$5million | | | |

ANTICIPATED TRANSACTION VOLUME PER MONTHDeposit (including inward remittances)

- | | | | | |
|------------------------------------|--|--|---|--|
| (i) No. of transactions per month: | <input type="checkbox"/> less than 20 | <input type="checkbox"/> 21 - 50 | <input type="checkbox"/> more than 50 | |
| (ii) Amount per month: | <input type="checkbox"/> Below B\$10,000 | <input type="checkbox"/> B\$10,001-B\$50,000 | <input type="checkbox"/> B\$50,001-B\$100,000 | <input type="checkbox"/> B\$100,001-B\$300,000 |
| | | <input type="checkbox"/> B\$300,001-B\$500,000 | <input type="checkbox"/> more than B\$500,000 | |

Withdrawals (including outward remittances)

- | | | | | |
|------------------------------------|--|--|---|--|
| (i) No. of transactions per month: | <input type="checkbox"/> less than 20 | <input type="checkbox"/> 21 - 50 | <input type="checkbox"/> more than 50 | |
| (ii) Amount per month: | <input type="checkbox"/> Below B\$10,000 | <input type="checkbox"/> B\$10,001-B\$50,000 | <input type="checkbox"/> B\$50,001-B\$100,000 | <input type="checkbox"/> B\$100,001-B\$300,000 |
| | | <input type="checkbox"/> B\$300,001-B\$500,000 | <input type="checkbox"/> more than B\$500,000 | |

Please specify other types of transactions / services anticipated to be used by customer: _____

CONDITION OF SIGNATURE

- | | | | |
|----------------------------------|------------------------------|--|----------------|
| <input type="checkbox"/> Any one | <input type="checkbox"/> All | <input type="checkbox"/> As per resolution | Others : _____ |
|----------------------------------|------------------------------|--|----------------|

DECLARATION

I/We hereby :

- declare that all information provided herein is true, correct and complete.
- agree to be bound by the Terms and Conditions Governing Banking Accounts (T & C) and any amendment thereto governing the account(s) opened with the Bank and I hereby agree and acknowledge that there been referred to a copy of and have read and understood the T & C and should I require a copy of the said T & C for my records and reference, I would be able to obtain a copy from the Bank's website address : <http://www.maybank.com/en/worldwide/all-countries/brunei.page?>

Signature - (1)

Name:

I/C No.

Date :

Signature - (2)

Name:

I/C No.

Date :

Signature - (3)

Name:

I/C No.

Date :

Signature - (4)

Name:

I/C No.

Date :

Signature - (5)

Name:

I/C No.

Date :

Signature - (6)

Name:

I/C No.

Date :

Stamp of Company/Society (If any)