



MANDATORY TO FILL IN

APPLICATION FORM (INDIVIDUAL)

Date

Type of Customer : New Existing

Type of Account : Savings Current Fixed Deposit

Purpose of Account: Savings Salary Investment Loan Repayment Credit Card
 Transactional Others (please specify) _____

Additional Facility : ATM Cheque book (only for Current Account) E-Statement (only for CA, LN, Credit Card only)

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

CUSTOMER PARTICULAR	
Name	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other _____
Identification No.	Place of Birth Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Nationality
Email Address	Contact No. Home: _____ Office: _____ Mobile: _____ Race <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Other _____
Residential Address	Mailing Address (if different from the residential address)
District / City Postcode Country	District / City Postcode Country

SOURCE OF FUND

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

Allowance Company / Dividends Inheritance / Gift Interest Payment Loans
 Pension Salary / Commission Shares / Investment Rental Personal Savings
 Others (please specify) _____

Country of funds 'Origin' Brunei Others (please specify) _____

Estimated Net Worth:
 Below B\$50,000 B\$50,001-B\$100,000 B\$100,001-B\$250,000 B\$250,001-B\$500,000 B\$500,001-B\$1million
 B\$1million-B\$3million B\$3million-B\$5million Above B\$5million

EMPLOYMENT DETAILS

Type of Employment
 Salaried Self-employed Retired Student Housewife Unemployed

Employment / Company details (pls advice details of the person who provide the funds for this account)

Name of Employer/Company :	Nature of Business (for self-employed) : <input type="checkbox"/> Import/Export <input type="checkbox"/> Manufacturing <input type="checkbox"/> Agriculture <input type="checkbox"/> Retailer <input type="checkbox"/> Commission <input type="checkbox"/> Construction <input type="checkbox"/> Others _____
Occupation :	
Work Address :	Profession : <input type="checkbox"/> Clerical <input type="checkbox"/> Technician <input type="checkbox"/> Professional <input type="checkbox"/> Labour <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Retiree <input type="checkbox"/> Uniform <input type="checkbox"/> Commission Earner <input type="checkbox"/> Other _____
Employment Status <input type="checkbox"/> Own <input type="checkbox"/> Contractual <input type="checkbox"/> Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> Others _____	Monthly Income: (please specify gross estimate)

