

Maybank Credit Card Application Form

To qualify, applicant must be 21 years old and above for Principal Card member, and 18 years old and above for Supplementary Card member.

To expedite processing, please enclose:

- Copy of IC or Passport
- Employer's confirmation on employment, position, salary and length of service
- Latest 3 months salary slips (Not required for Fixed Deposit Secured)
- Latest 6 months savings passbook or bank statements where salary is remitted (Not required for Fixed Deposit Secured)
- For expatriates - Copy of passport with employment pass endorsement & employment contract.

ANNUAL FEE & MINIMUM ANNUAL INCOME REQUIREMENT

Card Type	Minimum Annual Income (Local)	Minimum Annual Income (Foreigner)
Visa Classic	B\$ 9,000 p.a.	B\$ 12,000 p.a.
Visa Gold	B\$ 25,000 p.a.	B\$ 30,000 p.a.
Visa Black	B\$ 120,000 p.a.	B\$ 120,000 p.a.

Is customer a Premier Wealth Client?

- Yes
- No

Please select your choice of card(s):

- Maybank Visa Classic
- Maybank Visa Gold
- Maybank Visa Black

PERSONAL DATA

Name as in IC or Passport: Dr Mr Mrs Ms

IC No:

Passport No: _____

Date of Birth: / /

Nationality: _____

Gender: Male Female

Name to appear on card (Maximum 19 characters)

Home Address

_____ Postcode

Home Telephone: _____

Overseas Home Telephone: _____

Handphone No: _____

Number of Dependents:

Residence: Own Parent's Employer'
 Relatives' Rented Others

Email Address 1

Email Address 2

Marital Status: Single Married Widowed Divorced

Highest Academic Qualifications

Mother's Maiden Name: _____

(This feature is for your security when verification is required)

EMPLOYMENT DETAILSName of Employer/Firm:
_____Office Address:

_____ Postcode

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Office Telephone: _____

Office Facsimile: _____

Nature of Business: _____

Designation: _____

Employment: Employed Sole Proprietor Partner
 Director Housewife Others

Years employed/in business: ____ Years

Name of Previous Employer: _____

Designation: _____

Years employed/in business: ____ Years

INCOME

(Please enclose supporting documents)

Annual Income/Business Income B\$ _____

Other Income B\$ _____

SPOUSEName as in IC or Passport Mr Mrs Ms

IC No: _____

Passport No: _____

Date of Birth:

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Nationality: _____

If employed, name and address of employer

_____ Postcode

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Office Telephone: _____

Designation: _____

Annual Income: B\$ _____

BANK DETAILS (ACCOUNT(S) WITH MAYBANK)

Account Name	Branch	Account Number
1.		
2.		
3.		

SUPPLEMENTARY CARD REQUEST

Type(s) of Supplementary Card

- Maybank Visa Classic
- Maybank Visa Gold
- Maybank Visa Black

Name as in IC or Passport: Dr Mr Mrs Ms

Name to appear on card (maximum 19 character)

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Relationship: _____

IC No: _____

Passport No: _____

Date of Birth:

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Nationality: _____

Gender: Male Female

Occupation: _____

Billing Address for separate billion option:

_____ Postcode

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Annual Income: B\$ _____

Home Telephone: _____

Handphone Number: _____

Credit Limit

- I would like to assign _____ % or B\$ _____ of my credit limit to my Supplementary cardholder.
- My Supplementary cardholder will share my credit limit.

Monthly Bill

- Separate Statement - Supplementary cardholder will be sent their own statement
- Joint Statement - Principal and Supplementary card activities are combined and sent to Principal cardmember.

PERSONAL REFERENCE (OTHER THAN SPOUSE)

(Relative not living with you)

Name:

Relationship: _____

Home Address:

_____ Postcode

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Home Telephone: _____

Office Telephone: _____

Handphone No: _____

Billing Address

Bill to Home Office Others

_____ Postcode

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Collection of Card(s) at Maybank: Bandar Seri Begawan Seria

Declaration

By signing the below, I/We ask that a card account be opened for me/us and card(s) issued to me/us until the card account is terminated. I/We agree to be bound by the Maybankard Visa member's agreement, a copy of which will be sent with the card(s) upon request. I/We agree to be liable jointly and severally for all charges to the basic and supplementary cards issued on me/our request. I/We declare that the supplementary card applicant is at least 18 years of age.

I/We authorize you to obtain and verify any information about me/us as you deem fit at your absolute discretion and I/We consent to your disclosure to any branches worldwide or to any third party as you deem fit at your absolute discretion any information relating to me/us or the card account.

I/We warrant that the information given by me/us in this application and in any enclosed documents is true and accurate. I/We acknowledge that in considering my/our application, you will rely on such information. I/We confirm that at the time of this application, I/We am/are not undischarged bankrupt(s) and there has been no statutory demand served on me/us nor legal proceedings commenced against me/us.

The provision of this application for does not automatically indicate that Maybank will accept the contents and issue a Maybankard Visa. Maybank reserves the right to reject the application without assigning any reason whatsoever.

Signature of Principal Applicant

Date: _____

Signature of Supplementary Applicant

Date: _____