

CUSTOMER DETAILS

Full Name _____

Identity Card/Passport No. _____ Email Address _____

Home Telephone No.: _____ Office Telephone No. : _____ Mobile Telephone No.: _____

Occupation/Nature of Business: _____

Employer Name: _____

Correspondence Address: _____

 New Application

 Re-Application

FINANCIAL ASSESSMENT

Brief description of financial impact of COVID-19 on Customer		
<div style="display: flex; justify-content: space-between;"> Pre Relief Package Financials Post Relief Package Financials </div>		
Income		
Other Sources of Income (please specify)		
Financing Deduction		
Other Expenses (please specify)		
Net Income		

FACILITY TYPE

- Personal Financing
 Home Financing (without grace period)
 Credit Card
 Education Financing
 Home Improvement Financing
 Consolidation Financing

Financing Account Number (where applicable) _____

RELIEF PACKAGE REQUEST

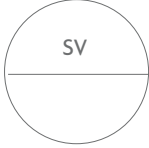
<input type="checkbox"/> OPTION 1 : Financing – Principal Payment Deferment, up to 30 December 2021	Your financing tenure will be extended after the Deferment Period: Payment Deferment - No. of months: _____ (minimum 1 month) Deferment Start Date: _____ (dd/mm/yyyy) Deferment End Date: _____ (dd/mm/yyyy)
<input type="checkbox"/> OPTION 2 : Financing - Restructuring of Facility	<input type="checkbox"/> Respective e-financing application form attached <input type="checkbox"/> Consolidate all financing products Financing tenure restructured to _____ months (maximum 120 months) Applicable rate (refer to prevailing rate): _____ % APR
<input type="checkbox"/> OPTION 3 : Credit Card outstanding balance conversion to Personal Financing of up to 3 years or Easy Payment Plan (EPP)	<input type="checkbox"/> Conversion to Personal Financing of up to 3 years (For Private sector employees/ Self-employed only) Credit Card No.: _____ Credit Card outstanding balance: B\$ _____ New Financing Tenor: _____ months (maximum 36 months) New Financing Amount: B\$ _____ (minimum B\$1,000) Applicable rate: 7.5% APR <input type="checkbox"/> Easy Payment Plan (EPP) Credit Card No.: _____ Credit Card outstanding balance: B\$ _____ EPP Tenor: _____ months (6 or 12 months) EPP Amount: B\$ _____ (below B\$1,000) Note: Private sector employees/self-employed may only choose either conversion to Personal Financing or EPP.

CONSENT & DECLARATION

By signing this application,

- I 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.
- I declare that I am applying for the COVID-19 Relief Package options as available to me subject to the Bank's assessment and approval.
- I acknowledge that in submitting my application, I have been provided with the COVID-19 Relief Fact Sheet which explains on the available options. I confirm that I have read, understood and duly considered the options as stated hereinabove and as explained in the COVID-19 Fact Sheet in deciding which option I wish to avail of.
- I acknowledge that all other terms and conditions of my existing financing facility ("Facility") remain unchanged, save as is necessary to give effect to the COVID-19 Relief Package option applicable to me.
- I authorise the Bank to conduct due diligence to obtain and/or verify any of the information provided by me in this application form or from any other sources as the Bank may in its sole discretion deem fit.
- I acknowledge that the Bank may, at its sole discretion, approve or decline my application.
- I acknowledge that upon the Bank's approval of my eligibility for my preferred option, I shall be duly notified and provided with the applicable terms and conditions relating to the respective facility. I agree to be bound by the terms and conditions including any amendments which BIBD may impose from time to time with notice to me in any mode of communication that the Bank deems fit.
- I consent to the Bank to combine and consolidate all or any of my account(s) with the Bank and set off or transfer any sum(s) standing to the credit of any such accounts or any other sums owing to the Bank or towards satisfaction of my liabilities to the Bank, whether such liabilities are joint or several, primary or contingent.
- I agree that in the event the Bank discovers that I have any outstanding financing obligation(s) which is classified as a write-off account, the Bank is at liberty to apply all monies in my existing account with the Bank towards settlement of the outstanding debt.
- I declare that at the time of this application, I am not an undischarged bankrupt nor have I received, have knowledge of or am subject to any statutory demand or any form of legal proceedings.
- I 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.

Signature

	
Date: / /	

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

Moratorium Start Date (dd/mm/yyyy)		
Moratorium End Date (dd/mm/yyyy)		
Credit Card	<input type="checkbox"/> Credit Card limit reduced to B\$ _____ <input type="checkbox"/> Credit Card limit to be maintained <input type="checkbox"/> New Credit Card type _____ <input type="checkbox"/> Credit Card to be cancelled	
Checklists:	✓	Remarks
Copy of Identity Card		
Salary Slip		
Letter of Employment		
Employment Pass/Work Permit		
Application Form		
Supporting Documents		
Customer not in 90 DPD		
Existing Financing disbursed before 1 st April 2020		
Application received by	Name Signature Date	