

## STANDARD CHARTERED eCASH APPLICATION FORM

**Eligibility:** Standard Chartered eCash is opened to all person aged twelve (12) and above with a valid Identity Card/Passport. In the event the intended Cardholder is less than fifteen (15) years of age, the card will be registered under the Cardholder's parent or guardian's name.

For re-issued card, please fill in the columns marked with \*

Please complete in clear BLOCK LETTERS

### CARDHOLDER'S DETAILS (Intended user of the Card)

Standard Chartered eCash Number 

5	2	6	7		3	8	2										
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Full name as in IC/passport\*  Mr  Mrs  Dr  Miss/Ms

IC/Passport no.\* Nationality\* Date of birth\*

Home Tel: Mobile: (required for complimentary SMS Banking services)

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Residential Address

Postal address Postcode 

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Name of employer Postcode 

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Tick, if-self employed

Occupation Position Office Tel:

Do you require a personalisation embossing service?\*

(Fee applies)  Yes  No

If yes, name to appear on card ( up to 19 characters)\*

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Cardholder's signature  
(Signed by Cardholder aged below 15)

### COMPLIMENTARY eSTATEMENT SERVICE

Email address Personal access code

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Hint to help you remember your access code: (at least 8 characters, consisting of any alphabet, number and symbol except '&'):

**Note:** Statements via email will only be issued upon your enrollment for eStatement service. Successful delivery is dependent on external factors such as maintaining available space in your email box to receive your statement. The Bank must be notified immediately upon change or termination of your email address or if you have not received your eStatement on time.

### PARENT'S / GUARDIAN'S DETAILS (Please complete this section only if the intended Cardholder is aged below 15)

Full name as in IC/passport\*  Mr  Mrs  Dr  Miss/Ms

IC/Passport no.\* Nationality\* Date of birth\*

Home Tel:

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Mobile:

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Please attach the following documents with your application

- Copy of Cardholder's IC/Passport
- Copy of Parent's/Guardian's IC/Passport if applicable

## DECLARATION AND CONSENT

I declare that the information given in this application form and any other information given to the Bank in any other document is true, accurate and complete and the Bank is fully authorised and entitled to act and rely on the said information.

I agree to be bound by the terms and conditions governing any facilities, features and services applicable to the present and future accounts to be opened with the Bank pursuant to this application.

I further agree to be bound by the terms contained in this application form and undertake to pay all bank charges, fees or commission to be levied by the Bank in the event the Bank accepts this application.

Acceptance of this application is at the Bank's absolute discretion and in the event of rejection, no reasons need to be furnished by the Bank.

I agree to be liable jointly and severally for all costs and charges incurred pursuant to the Standard Chartered eCash issued on my request.

I hereby consent to Standard Chartered Bank, Negara Brunei Darussalam (**the Bank**), its officers and agents disclosing information relating to me and my account(s) and/or dealing relationship(s) with the Bank, including but not limited to details of my facilities, any security taken, transactions undertaken and balances and positions with the Bank, to

- (i) the head office of the Bank, any of its subsidiaries or subsidiaries of its holding company, affiliates, representative and branch offices in any jurisdiction (**the "Permitted Parties"**);
- (ii) the agents and independent contractors of the Permitted Parties who are under a duty of confidentiality to the Permitted Parties;
- (iii) any actual or potential participant or sub-participant in relation to any of the Bank's rights and/or obligations under any agreement between us, or assignee, novatee or transferee (or any agent or adviser of any of the foregoing);
- (iv) any rating agency, insurer or insurance broker of, or direct or indirect provide of credit protection to any Permitted Party;
- (v) any court or tribunal or regulatory, supervisory, governmental or quasi-governmental authority with jurisdiction over the Permitted Parties.

By signing below, I ask that an account be opened for me and card issued as I request.

Cardholder's/Parent's or Guardian's signature and date  
(Sign by Cardholder aged 15 and above. Sign by Parent or Guardian only if the intended Cardholder is aged below 15.)

### FOR BANK USE (To be completed by Branch)

Please tick for Re-issued Card

Card re-issued due to damage/fraud/lost/other

Existing Standard Chartered eCash Number

5	2	6	7		3	8	2												
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### B. CUSTOMER DUE DILIGENCE (CDD) CHECKLIST (For new Customer(s) only)

		Cardholder	Parent/Guardian
Status Verification	a) Name appears in NORKOM? If yes, state True Match or False Match with reasoning _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) Is the customer a Group mandatory EDD (e.g. PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c) Customer falls under the Group Sanctions Checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d) Name appears in LAPS ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e) Is Current Residential Address in High Risk country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### C. DOCUMENTATION CHECKLIST

#### FOR INDIVIDUAL APPLICANT AGE 15 AND ABOVE

Identity Documents (Valid original Identity Card/Passport with Date of Birth or current residential address proof)

#### FOR MINOR AGE BELOW 15

Identity Documents of Parent / Guardian

### D. COMPLETION PARTY

Witnessed by: (Cardholder's Name & Signature)

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Designation: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed by: (Parent's or Guardian's Name & Signature)

\_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

PROMO CODE

OFFER