

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 eighteen (18) years of age, the card will be registered under the Cardholder's parent or legal 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:

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Mobile: (required for complimentary SMS Banking services)

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Residential Address _____

_____ Postcode

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Email address _____

Postal address _____

_____ Postcode

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Name of employer _____ Tick, if-self employed

Occupation Position Office Tel:

Do you require a personalisation embossing service?* Yes No
(Fee applies)

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

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Cardholder's signature
(Signed by Cardholder aged below 18)

PARENT'S/LEGAL GUARDIAN'S DETAILS (Please complete this section only if the intended Cardholder is aged below 18)

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 Cardholder's Birth Certificate and relevant documents if applicable
- Copy of Parent's/Legal 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 Legal Guardian's signature and date

(Sign by Cardholder aged 18 and above. Sign by Parent or Legal Guardian only if the intended Cardholder is aged below 18.)

FOR BANK USE (To be completed by Branch)

A. RE-ISSUED CARD

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/Legal Guardian	
Status Verification	a) Name appears in "Terrorist/Sanctioned" in SRL?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) Customer falls under the Group Sanctions Checks? If yes, ensure to keep a copy of the completed KYC Sanctioned Questions with this Form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c) Name appear as "PEP" in SRL? If yes, please specify details of PEP position and/or relationship to PEP: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	d) Name appears in LAPS as blacklist?	<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 18 AND ABOVE

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

FOR MINOR AGE BELOW 18

a) For Parent and Child Relationship

I. Identity Documents of Parent and

II. Copy of Birth Certificate of Child

b) For Legal Guardian and Child Relationship

I. Identity of Legal Guardian

II. Copy of Birth Certificate of Child

III. Copy of Legal Proof/ Document of the Legal Guardian and Child Relationship

D. COMPLETION PARTY

Witnessed by: (Cardholder's Name & Signature)

Designation: _____

Date: _____

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

Designation: _____

Date: _____

PROMO CODE

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OFFER

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