

MBF CARDS EXPAT PLATINUM MASTERCARD CREDIT CARD APPLICATION FORM



Mail the application form to:
MBF Cards (M'sia) Sdn Bhd 4351-K
 Credit Processing Unit, P.O. Box 10486, 50714 Kuala Lumpur, Malaysia.
 Priority Customer Service Hotline: 03-21677111
 Email: platinum.service@mbfcards.com

Source Code: **D A 1 3 2**
 Company ID: **E X P A T G**

PN: _____

Yes! I WISH TO APPLY FOR:

- MBF Cards Platinum MasterCard
 MBF Cards Lady Platinum MasterCard

Please consider my application for an MBF Cards charge card should my application for a credit facility is not successful.
 Note: All Supplementary Card(s) issued will follow the Principal Type.

REQUIREMENTS

MINIMUM INCOME - RM60,000 per annum
 MBF Cards Platinum MasterCard / MBF Cards Lady Platinum MasterCard

MINIMUM AGE / 21 years old

Documents required, non-returnable:

- A photocopy of your Passport with at least 6 months validity
- A photocopy of your work permit with at least 6 months validity
- Latest salary slip/Form B/BE with Income Tax Receipt/EA Form (or)
- If self-employed, copies of
 - i) Business registration certificate (Form 9/24/49)
 - ii) Last 3 months bank statements

ABOUT MYSELF

Title: Mr Miss Mdm Others

Full Name (as in Passport, underline surname): _____

Name to Appear on the Card (must not exceed 19 spaces):

Passport No.: _____

Date of Birth (dd/mm/yyyy): _____

Gender: _____ Nationality: _____ Race: _____

Marital Status: Single Married Divorced Widowed

No. of Dependents: _____

Academic Qualification: _____

Mother's Maiden Name (this security feature is for verification purposes): _____

MY MALAYSIAN HOME ADDRESS

Residential Address: _____

Postcode: _____ Town/City: _____

Residence is: Own Property Rented Relatives Others

Years There: _____

Home Phone: _____ Mobile Phone: _____

E-Mail: _____

MY HOME

Permanent Home Address (country of origin): _____

Postcode: _____ Home Phone: _____

MY SPOUSE DETAILS

Full Name of Spouse (as in I.C./Passport, underline surname): _____

Mobile Phone: _____

If employed, Occupation: _____ Name of Company: _____

MY OFFICE IN MALAYSIA

Name of Company: _____ Nature of Business: _____

Office Address: _____

Postcode: _____ Town/City: _____

Years There: _____ Position: _____

Office Phone: _____ Cross Annual Income: _____

MY EMERGENCY CONTACT

Name: _____

Relationship: _____ Contact No.: _____

MY BILLING INSTRUCTIONS

Mailing/Billing Option: Home Office

MY SUPPLEMENTARY APPLICANT

Supplementary Card applicant must be at least 18 years of age. Please attach a photocopy of Malaysian I.C.(both sides) or Passport:

Title: Mr Miss Mdm Others

Full Name (as in I.C./Passport, underline surname): _____

Name to Appear on the Card (must not exceed 19 spaces):

New I.C. No.: _____ - _____ - _____

Old I.C. No.: _____ Date of Birth (dd/mm/yyyy): _____

Passport No. (for non-Malaysian only): _____ Gender: _____ Race: _____

Marital Status: Single Married Divorced Widowed

Relationship to Principal CardMember: _____

Residential Address: _____

Postcode: _____ Home Phone: _____

E-Mail: _____ Mother's Maiden Name: _____

Occupation: _____ Name of Company: _____

Position: _____ Office Phone: _____

DECLARATION

By signing below I request (1) MBF Cards (M'sia) Sdn Bhd to consider making an offer to open an account for me as a CardMember upon its Terms and Conditions; (2) MBF Cards (M'sia) Sdn Bhd to consider arranging a Line of Credit from a Line of Credit Provider for me to utilize with the Card upon its Terms and Conditions; (3) that ATM facilities be made available in connection with the Card upon its Terms and Conditions. I declare that all information provided is true and complete to my knowledge and hereby authorize MBF Cards (M'sia) Sdn Bhd and the Line of Credit Provider to verify the information provided with sources including credit bureaus. I consent to release information related to my application and/or the data of my account to authorized parties without further reference to me. If a Card is offered to me I declare that by using the Card I agree to be bound by the Terms and Conditions of the Card, Line of Credit and ATM facilities (if extended to me) respectively. If my Line of Credit Provider is AmBank (M) Bhd, I confirm I do not have any immediate family members (i.e. parents, spouse and children) working in AmBank (M) Bhd. If I am applying for a Supplementary Card, I likewise make all the above requests, declarations, consents and confirmations. MBF Cards (M'sia) Sdn Bhd and the Line of Credit Provider shall reserve the right to approve or reject my/our application as deemed fit without assigning any reasons thereof. A notification on status of application will be sent via email, SMS, letter or other forms of communication at the discretion of MBF Cards (M'sia) Sdn Bhd. *I/We confirm that my/our borrowings from all sources within Malaysia do not exceed an aggregate of RM200,000. I/We hereby undertake and confirm that the transactions to be effected using the card account(s) and monies or funds to be used for repayment of the card account(s) are neither obtained from any unlawful source nor relate to any unlawful activities as defined under the Anti-Money Laundering and Anti-Terrorism Financing Act 2001 (Act 613). (*Applicable to non-Malaysians only).

Say "YES!" To Great Offers & Promotions!

- YES! I/We wish to be part of your update list and consent to share my/our contact information for the purpose of receiving promotions on the latest and hottest offers from MBF Cards, selected partners and third party vendors. I/We understand that should I/We choose not to receive these benefits at any time in the future, all that will be required is a simple call to the 24-hour Customer Service Hotline at 03-2167 7600.
- NO! I do not wish to be included at this point in time.

X _____ X _____
 Signature of Principal Applicant Signature of Supplementary Applicant

Date: _____ Date: _____

FOR OFFICE USE ONLY

FOR CARD OPERATIONS USE ONLY

SOC	Doc Code:	MC (B)	RC (B)	EPP code	Product	Ltr & RS code	Recm: Appr / Dec / Canx	Appr / Dec / Canx	Appr / Dec / Canx	Appr / Dec / Canx
	<input type="checkbox"/> VIP <input type="checkbox"/> FR <input type="checkbox"/> BUR	0	11							
	<input type="checkbox"/> STAFF <input type="checkbox"/> PD <input type="checkbox"/> PRE-APPR									
BR CD	<input type="checkbox"/> SERAP <input type="checkbox"/> DOC IC <input type="checkbox"/> PO BOX	MC (S)	RC (S)							
	<input type="checkbox"/> SE STAFF <input type="checkbox"/> DOC OT <input type="checkbox"/> RES IND	0	11							
	<input type="checkbox"/> AHR <input type="checkbox"/> ALR									
							LMT	LMT	LMT	LMT
							K	K	K	K

