

PUBLIC BANK CREDIT CARD ONLINE APPLICATION FORM

I WISH TO APPLY FOR

PLEASE COMPLETE APPLICATION FORM IN FULL. Type or print in **BLOCK LETTERS** throughout. **I WISH TO APPLY** (Tick ☒ where appropriate):

PUBLIC BANK CREDIT CARD

☐ PUBLIC BANK VISA INFINITE AND
PUBLIC BANK WORLD MASTERCARD

☐ PUBLIC BANK VISA SIGNATURE

☐ PUBLIC BANK VISA PLATINUM AND
PUBLIC BANK PLATINUM MASTERCARD

☐ PUBLIC BANK VISA GOLD AND
PUBLIC BANK GOLD MASTERCARD

☐ PUBLIC BANK-AIA VISA GOLD

☐ PUBLIC BANK-PETRON
VISA GOLD

PUBLIC ISLAMIC BANK CREDIT CARD

☐ PUBLIC ISLAMIC BANK VISA PLATINUM-i AND
PUBLIC ISLAMIC BANK MASTERCARD PLATINUM-i

☐ PUBLIC ISLAMIC BANK VISA GOLD-i AND
PUBLIC ISLAMIC BANK MASTERCARD GOLD-i

MINIMUM INCOME REQUIREMENT

INFINITE / WORLD: RM150,000

SIGNATURE: RM100,000

PLATINUM: RM60,000

GOLD/AIA/PETRON: RM24,000

1

PERSONAL DATA

OLD NRIC / PASSPORT NO.

NEW NRIC NO.

NAME TO APPEAR ON CARD

DATE OF BIRTH (DD-MM-YY)

MR / MRS / MS / MDM / DR. / TITLE

FULL NAME AS IN NRIC / PASSPORT

RACE

PLACE OF BIRTH

HOME TEL. NO.

HANDPHONE TEL. NO.*

SEX

☐ MALE

☐ FEMALE

EMAIL ADDRESS

MOTHER'S MAIDEN NAME IN FULL (A MUST FOR SECURITY VERIFICATION)

HOME ADDRESS

POSTCODE

STATE

NATIONALITY

ARE YOU RELATED TO ANY DIRECTOR / STAFF OF PUBLIC BANK BERHAD OR ITS SUBSIDIARIES? ☐ YES ☐ NO

IF YES, PLEASE PROVIDE DIRECTOR / STAFF'S NAME

RELATIONSHIP

TEL. NO.

2

PROFESSION

NAME OF EMPLOYER / COMPANY

NATURE OF BUSINESS

POSITION

YEARS OF SERVICE

OFFICE ADDRESS

POSTCODE

STATE

OFFICE TELEPHONE & EXTENSION

NAME OF PREVIOUS EMPLOYER / COMPANY (IF LESS THAN 2 YEARS IN PRESENT EMPLOYMENT)

POSITION

TEL. NO.

3

CREDIT DATA

ANNUAL SALARY (RM)

SOURCES OF OTHER INCOME (IF ANY) AND AMOUNT (TO ENCLOSE SUPPORTING DOCUMENTS)

MONTHLY COMMITMENT WITH NON-BANKS (RM)

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Call : 03-2176 8000



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EMERGENCY CONTACT

NAME

EMAIL ADDRESS

TEL. NO.

5

SUPPLEMENTARY CARD

EXISTING PRINCIPAL ACCOUNT NO.

OLD NRIC / PASSPORT NO.

NEW NRIC NO.

MR / MRS / MS / MDM / DR. / TITLE

NAME TO APPEAR ON CARD

FULL NAME AS IN NRIC / PASSPORT

DATE OF BIRTH (DD-MM-YY)

SEX

PLACE OF BIRTH

RELATION TO PRINCIPAL CARD APPLICANT

☐ MALE

☐ FEMALE
MOTHER'S MAIDEN NAME IN FULL (A MUST FOR SECURITY VERIFICATION)

RACE

NATIONALITY

MAILING ADDRESS

POSTCODE

STATE

HOME TEL. NO.

HANDPHONE TEL. NO.*

NAME OF EMPLOYER / COMPANY

POSITION

YEARS OF SERVICE

OFFICE TELEPHONE & EXTENSION

NATURE OF BUSINESS

MONTHLY STATEMENT

☐ COMBINED

PRINCIPAL AND SUPPLEMENTARY CARDMEMBERS' CARD ACTIVITIES TO BE SENT TO PRINCIPAL CARDMEMBER

☐ SEPARATE

PRINCIPAL CARDMEMBER'S CARD ACTIVITIES TO BE SENT TO PRINCIPAL CARDMEMBER AND SUPPLEMENTARY CARDMEMBER'S CARD ACTIVITIES TO BE SENT TO SUPPLEMENTARY CARDMEMBER

NOMINATED CREDITLINE (MINIMUM RM1,000)

6

INTERACTIVE VOICE RESPONSE (IVR) TPIN NUMBER

☐ YES, I WISH TO APPLY FOR A TELEPHONE PIN (TPIN) NUMBER WHICH WILL PROVIDE ACCESS TO INSTANT ANSWERS TO SELECTED CARD ENQUIRIES

7

SMS TRANSACTION ALERT (*Handphone tel. no. is required)

PLEASE SELECT YOUR PREFERRED THRESHOLD AMOUNT :

☐ RM500
 ☐ RM1,000
 ☐ RM2,000
 ☐ RM3,000
 ☐ RM5,000

☐ OPT OUT (DO NOT SEND ANY SMS TRANSACTION ALERT TO ME.) Please refer to the Product Disclosure Sheet for the risks.

8

OVER LIMIT PENALTY (PUBLIC ISLAMIC BANK Cards Only)

I/WE HEREBY AGREE THAT THE BANK MAY AT ITS SOLE DISCRETION GRANT A TEMPORARY OR A PERMANENT EXCESS LIMIT ABOVE MY/OUR ASSIGNED CREDIT LIMIT. I/WE HEREBY FURTHER AGREE THAT THE AMOUNT TO RM53-00 SHALL BE CHARGED FOR ANY SUCH EXCESS AMOUNT GRANTED BY THE BANK, WHICH AMOUNT SHALL BE DUE AND PAYABLE ON THE CREDIT CARD ACCOUNT.

NOTE: PERMANENT OR TEMPORARY EXCESS LIMIT WILL NOT BE GRANTED FOR PAYMENT OF ANNUAL FEE OR ANY OTHER FEES IMPOSED BY BANK, SERVICE TAX, GST OR OTHER APPLICABLE TAXES, LATE CHARGES, STAND-IN PROCESSING AND AUTO DEBIT TRANSACTION.

9

MY CARD DELIVERY AND BILLING OPTIONS INSTRUCTIONS

PLEASE SEND MY CARD TO: (DELIVERY CANNOT BE MADE TO P.O. BOX ADDRESS / OVERSEAS ADDRESS)

☐ HOME ADDRESS

☐ OFFICE ADDRESS

☐ PUBLIC BANK/PUBLIC ISLAMIC BANK PLEASE SPECIFY
PLEASE SEND MY STATEMENT TO: ☐ HOME ADDRESS ☐ OFFICE ADDRESS

THE CARD THAT GIVES YOU MORE

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Call : 03-2176 8000



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ARE YOU A UNITED STATES (U.S) TAX RESIDENT?

☐ YES☐ NO

FATCA PARTICULARS (INDIVIDUAL)

U.S. TAX IDENTIFICATION NUMBER

GREEN CARD OBTAINED, IF ANY ☐ YES☐ NO

CERTIFIED RELEVANT AND VALID FATCA DOCUMENTS

☐ FORM W-9☐ FORM W-8BEN☐ OTHERS, PLEASE SPECIFY

DATE FULL DOCUMENTS FURNISHED (DD-MM-YY)

____-____-____

PROTECT YOUR OUTSTANDING CREDIT CARD BALANCE WITH PB CREDIT SURE

☐ Yes! I want to sign up for PB Credit Sure to protect my Public Bank/Public Islamic Bank Credit Card outstanding balance

(Credit Card Type)

Outstanding Balance (At premium rate of RM0.65 per RM100 Outstanding Balance per month).

By signing below, I confirm that I have read and agree to abide by the provisions contained in the Credit Sure box in the same page.

Please sign here with dark black ink only. Signature must not exceed box boundaries.

NAME OF APPLICANT: _____

NIRC NO. : _____

NOMINEE'S NAME: _____

SIGNATURE: PRINCIPAL CARD APPLICANT

DECLARATION BY NON-MALAYSIAN APPLICANT (TICK WHERE APPROPRIATE)

☐ NO, I / MY IMMEDIATE FAMILY MEMBERS☐ DO NOT HOLD☐ HAVE NEVER HELD SENIOR PUBLIC OFFICE☐ YES, I / MY IMMEDIATE FAMILY MEMBERS☐ CURRENTLY HOLD☐ HAVE HELD

POSITION HELD

DATE FROM

TO

Please (✓) tick your preference:

☐ Yes, I/We want to receive and/or be informed of the products and services, promotional offers and marketing material of the Bank and its Affiliates and strategic business partners.☐ No, I/We do not want to receive and/or be informed of the products and services, promotional offers and marketing material of the Bank and its Affiliates and strategic business partners.

BNM GUIDELINES ON CREDIT CARDS

For new applicants who earn RM36,000 or less per annum:

☐ I presently hold credit cards from two (2) or more credit card issuers. I intend to apply for a new Public Bank/Public Islamic Bank Credit Card now. I shall cancel my existing credit card(s) with the other credit card issuer(s) upon receipt of the Public Bank/Public Islamic Bank Credit Card. Should I fail / refuse to cancel the other credit card(s), I shall inform the Bank and the Bank shall be entitled to cancel / revoke my use of the Public Bank/Public Islamic Bank Credit Card.☐ I presently do not hold any or am holding only one (1) credit card in my name issued by another credit card issuer.By signing below, I confirm that I have read and agree to abide all the declarations as stated below and the terms & conditions of the respective credit card that includes the Product Disclosure Sheet which is available at www.pbebank.com or at any Public Bank/Public Islamic Bank branches.Please sign here with dark black ink only. Signature must not exceed box boundaries.
SIGNATURE: PRINCIPAL CARD APPLICANT

DATE: _____

Please sign here with dark black ink only. Signature must not exceed box boundaries.
SIGNATURE: SUPPLEMENTARY CARD APPLICANT

DATE: _____

CREDIT SURE

I declare that I am under 60 years of age and in good health and have not been suffering from any illness, bodily injury, and / or physical impairments / defects, and have not received or expect to receive treatment or advice with regards to any illness, bodily injury, accident, AIDS or HIV related conditions.

I hereby acknowledge and confirm that I have fully understood the essential information on the major benefits and exclusions of the product described in leaflet and Product Disclosure Sheet of PB Credit Sure, which have been summarily disclosed to me but not exhaustive. I understand that I shall receive a Certificate of Insurance which details the benefits, exclusions, terms and conditions of the insurance Policy.

I authorise Public Bank to provide my relevant personal and credit card information to AIA or any AIA selected third party (reinsurance and claims investigation companies and insurance industry associations) in or outside Malaysia to process this application, communicate with me for such purpose and payment instructions for this product. I understand that I am entitled to obtain access to and to request correction of any personal information held by AIA and such request can be made to AIA Care Line: 1800 181 464.

Important Notes:

- Pursuant to Section 149(4) of the Insurance Act 1996, you are to disclose in this application form fully and faithfully all facts which you know or ought to know. Otherwise the Certificate of Insurance issued under the Policy may be null and void.
- This application form of PB Credit Sure should be read / used in conjunction with PB Credit Sure leaflet and Product Disclosure Sheet. PB Credit Sure is underwritten by AIA Bhd. You are advised to follow up with Public Bank Berhad or AIA Bhd. if you do not receive the Certificate of Insurance within 1 month from the day you sign up.

SOURCE CODE

GGMRWB0716

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DECLARATION

I/We confirm that all the above information is true and complete and authorise the Bank to verify from whatever sources the Bank may consider appropriate including the Inland Revenue Board and further to seek and obtain credit information related to my/our application from any Credit Reporting Agencies governed by Credit Reporting Agencies Act 2010. I/We acknowledge that the Card may only be used subject to the Terms and Conditions of the Public Bank Visa/Public Islamic Bank Visa/Public Bank MasterCard/Public Islamic Bank MasterCard Cardmember Agreement and agree to be bound by the Terms and Conditions of the Card. I/We agree to pay the prevailing annual fees upon approval. I/We further agree that the Principal Cardmember shall be responsible for all liabilities and obligations of the Principal Cardmember as well as those of the Supplementary Cardmember(s). The Supplementary Cardmember however, shall only be responsible for his/her own liabilities and obligations. The Bank shall reserve the absolute right to approve or reject my/our application as the Bank deems fit without assigning any reason. I/We consent to and authorise the Bank to disclose to Bank Negara Malaysia, any authority/body having jurisdiction over the Bank, any guarantor(s)/security parties, and/or its lawyers or any other debt collection agent or to such person(s) and/or entity(ies) as permitted by law, any information relating to my/our affairs, banking accounts or conduct thereof (including my/our credit standing) as the Bank deems necessary or expedient. I/We acknowledge that if my/our card application is approved, the yearly Annual Fee payable on the Card shall be waived as per terms stipulated provided my/our Card Account is maintained to the satisfaction of the Bank, my/our Card Account shall remain active for the duration of this period and there is no change in my/our credit standing as made known to the Bank. The Bank shall be entitled to review my/our Card Account at its sole discretion and withdraw this privilege in the event that any of the above conditions have not been fulfilled upon which the Annual Fee shall become payable.

I/We understand that the Bank will not be able to consider/process my/our application herein for the Card or continue to provide the Card unless the Bank can disclose to, share with or receive My Personal Data from the parties mentioned above in compliance with Personal Data Protection Act 2010 and Credit Reporting Agencies Act 2010.

I/We understand that I/we am/are entitled to obtain access to and to request correction of any personal information held by the Bank and that I/we can inform the Bank to cease using my/our personal information for the purposes above and that such request can be made in writing to the Bank at my/our account holding branch or by sending it to Customer Service Department, 13th Floor, Menara Public Bank, 146 Jalan Ampang, 50450 Kuala Lumpur.

*I/We understand that for details of the Bank's Affiliates, the collection, use, storage, sharing and maintaining the integrity of my/our information, I/we can refer to the Bank's Privacy Policy at www.PBeBank.com or obtain a copy from the Bank's branches.

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

Public Bank Berhad and its subsidiaries in Malaysia, including Public Islamic Bank Berhad, and their respective branches ("PBB Group") are compliant foreign financial institutions under FATCA of the United States of America ("U.S."). FATCA requires enhanced due diligence procedures on customers/account holders within the PBB Group to enable identification and reporting of U.S. Persons and substantial U.S. Shareholders of foreign entities to the Malaysian Competent Authority** and ultimately, to the U.S. Internal Revenue Service (IRS). Pursuant to an Intergovernmental Agreement ("IGA") between Malaysia and the U.S., the Malaysian Competent Authority has issued guidance in order for foreign financial institutions in Malaysia to comply with FATCA.

***The Malaysian Competent Authority appointed by the Malaysian Government is the oversight body for the enforcement of FATCA provisions of the U.S. tax law governing the domestic financial institutions.*

In some instances, PBB Group will request certain information to be submitted by its customers / account holders to meet its FATCA obligations. Failure by customers/account holders to provide this information will result in reporting of customer / account holder information to the Malaysian Competent Authority and may result in a 30% withholding tax on certain payments of U.S. source income, where applicable. Payments to the PBB Group's customers/account holders will generally not be subject to withholding, provided that appropriate certification or other documentation concerning their status is provided to the PBB Group as instructed. To ensure that customer's / account holder's information is accurate, PBB Group requires that customers/account holders provide notification in the event of changes in customers information, including change of mailing address, phone number and nationality within 30 days of a change in circumstances that causes the account opening form to become incorrect.

I / We / The Individual(s) / Representative of the organisation hereby confirm and declare that all information provided by me / us / U.S. shareholder(s) in this Form to the best of my / our knowledge is true and correct.

I consent to allow the Bank the following uses of the information contained in this form as required under FATCA:

- Disclosure of information to the Malaysian Competent Authority and the U.S. Internal Revenue Service
- Authorisation to effect withholding requirements

Note: The Malaysian Competent Authority appointed by the Malaysian Government is the oversight body for the enforcement of FATCA provisions of the U.S. tax law governing the domestic financial institutions.

IMPORTANT

FOR PROCESSING, PLEASE REMEMBER TO ENCLOSE:

- Photostat copy of NRIC (both sides) or Passport and Work Permit for Non-Malaysians (including Supplementary Applicant's)

SOURCE OF INCOME	MINIMUM SUPPORTING DOCUMENTS REQUIRED
Employed	<ul style="list-style-type: none">• Latest 1 month payslip and / or• Latest EA Statement and / or• EPF Statement and / or• Employment Letter / Employer Confirmation
Self - employed	<ul style="list-style-type: none">• Latest 1 year Tax Returns / Tax Receipts
Variable Income	<ul style="list-style-type: none">i. Latest 6 months of the following:<ul style="list-style-type: none">• Overtime as reflected on the payslips• Commissions statements / vouchers• Fee statements / vouchersii. Latest 3 years of the following:<ul style="list-style-type: none">• Dividend statements / vouchers• Interest (profit) statements / vouchers
Other Income	<ul style="list-style-type: none">• Tenancy agreements and / or• Pension statements / vouchers and / or• Annuities statements
Overseas Income	<ul style="list-style-type: none">• 3 months payslips• Latest 2 years Notice of Assessment (for Singapore only)• Employment Letter

Kindly return the completed application form to:

FAX : 03-2166 8799

EMAIL : cardsmarketing@publicbank.com.my

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