

CIMB PLATINUM BUSINESSCARD APPLICATION FORM

IMPORTANT NOTICE: You are advised to read and understand the CIMB Platinum BusinessCard Terms and Conditions before you decide to apply for this banking product/services and if you do not understand any of the terms and conditions, you may clarify with the Bank.

REQUIREMENTS

- Nominee must be of minimum age 21 years old
- Corporation must be established in Malaysia for more than 2 years
- For purposes of this Application, the term "Corporation" means any private limited company, sole proprietorship, partnership, limited liability partnership and others

Docu	ım	ents Re	quir	ed (non-	-retu	ırna	ble)	:													
Priva	te	Limited	Con	npan	y												:	Sol	le Proprietorship / Partnership / Lir	nite	ed Liability Partnership	
□ *N	IRI	C copy(ies) c	of Ca	rdho	older((s), D	irec	tors,	Gua	rant	or(s)					- 1		*NRIC copy(ies) of Cardholder(s), Sc	ole F	Proprietorship, All Partners	
□ *	M	& A or (Const	ituti	on												I		*Photocopy of Business Registration	n Ce	ertificate	
□ *	Lat	test 6 N	lonth	ıs' Ba	ank S	State	men	ts (i	fapp	licab	le)								*Photocopy of Business License & C	erti	fication of Renewal Document	
□ **	*Bo	oard Re	solut	ion /	Exti	ract o	of Bo	ard	Reso	lutic	n						-		*Latest 6 Months' Bank Statements	(if a	applicable)	
□ №	1er	morand	um c	of Co	ntinı	uing	Guai	rante	ee &	Inde	mni	ty							**Resolution / Mandate Memorandum of Continuing Guard	ante	ee & Indemnity	
		al-sighted										or or	its e	equiva	alen	it		Init	tial by Relationship Manager:			
COR	PC	DRATE	INF	ORN	ΛAT	ION																
Registered Name															_	Registration Number (Old)		Registration Date				
																		-	Registration Number (New)		Total Annual Sales Turnover^	
			<u> </u>				L							<u> </u>					The second secon	7	RM	
Comp	an	y Name	e to	Appe	ear o	on Ca	ard (Not	exce	edi	ng 1	8 let	ter	s) 				7			NIVI	
																			Nature of Business		Number of Full Time Employees	
Regist	er	ed Add	ress		•		•	•								•						
																			Total Card Limit Required			
Posto	coc	de						С	ity									Expected Transactions per Year				
State	•							С	ount	ry												
Office	N	umber										Ema	ail A	.ddre	ess				Business Website (URL) Mandat	ory	for Online Business	
Business Mailing Address														Business Email Address (if available)								
busine	:55	ividilin	g Aa	ures	5														,			
																			Group Name - If the company is		•	
Posto	coc	de						c	ity										company listed on the Main Boa MKDs / State owned enterprises			
State	?							c	ount	ry												





Type of Entity (Please √ one)	Current Business Premises (Please √ one)
	☐ Owned
☐ Private Limited Company	☐ Mortgaged
☐ Sole Proprietorship	☐ Rented
□ Partnership	Residency Status (Please √ one)
·	☐ Resident Controlled
☐ Limited Liability Partnership	☐ Bumiputera Controlled
☐ Others (please specify)	☐ Non-Bumiputera Controlled
Others (please specify)	☐ Non-Resident Controlled
	☐ Government Controlled
	☐ Federal/Central Government
	☐ Financial Public Enterprise
	☐ Non-Financial Public Enterprise
	☐ Other Government Controlled
	☐ Non-Resident

^inclusive other income

- ³ Subsidiary of a Public Listed company listed on the Main Board means Legal entity that is owned by a public listed company.
- Main Board refers to company which is listed in the Main Board of Bursa Malaysia or any other main Bourse in other countries.
- Large Firms refers to companies with sales turnover more than RM50 million and more than 200 full-time employees.
- Multi National Companies ("MNCs") refer to corporations that own or have business activities in different countries.
- Government Linked Companies ("GLCs") refer to companies in which the Malaysian Government has a direct controlling stake.
- Menteri Kewangan Diperbadankan ("MKDs") refers to a corporate body established under the Minister of Finance (Incorporation) Act 1957.
- State-owned enterprises refer to legal entities that are partially or wholly owned by the Government.

AUTHOR	RISED CON	NTAC	Γ PEF	RSON									
Salutatio	on (Please			□ Mis	s	□ c	Other	s ple	ease s	peci	fy		_
Name (a	s per NRIC	/ Pass	sport)								Mobile Number	
												Position	
NRIC / P	assport Nu	mber										Email Address	

DECLARATION SECTION

- 1. I / We acknowledge that the product disclosure sheet of CIMB Platinum BusinessCard ("Card") has been made available to me/us and the key contract terms affecting my/our obligations have been adequately explained to me/us by a staff, representative or agent of CIMB Bank Berhad ("the Bank").
- 2. I / We confirm that I / we have read and understood the Terms and Conditions of the card (which is available at the Bank's website at www.cimb.com.my) and the product disclosure sheet and I agree to be bound by the same.
- 3. If my / our application is approved, the Bank may issue the Card in the name of my / our business entity and my / our nominees.
- 4. I / We confirm that all information provided by me / us in this application form are true, accurate and complete and I / we will inform the Bank of any changes thereto.
- 5. I/We confirm that I/we have not committed any act of bankruptcy and / or been adjudged a bankrupt and / or wound up.
- 6. I / We understand that this application shall be subject to the Bank performing the necessary verification and the Bank may at its discretion approve or reject this application.
- 7. I/We authorise and consent for the Bank disclosing information relating to my/our affairs to:
 - (a) agencies including credit reference reporting agencies or governmental agencies or financial institutions for the purpose of conducting searches or credit reference checks on me / us or any of my / our directors, shareholders, officers or any other person, individual or entity related to and or associated with me / us ("Reference Checks"); and



- (b) any related corporations of the Bank (collectively, "CIMB Group"), the Bank's and CIMB Group's agents, service providers, auditors, legal counsels, professional advisors or any security providers or guarantors in or outside Malaysia,
- for the purpose of this application or for the business, operations, financing and / or services of the Bank.
- 8. I / We have obtained the consent of my / our directors, shareholders, officers or any individual ("the Relevant Person") and has notified the Relevant Person:
 - (a) of the provision of his / her personal data for processing pursuant to the Personal Data Protection Act, 2010 for the purpose in paragraph 6 above;
 - (b) that Reference Checks may be conducted on the Relevant Person;
 - (c) of the disclosure of the Relevant Person's personal data to the classes of parties described in the CIMB Group Privacy Notice (which is available at www.cimb.com.my); and undertake to update the Bank in writing should there be any changes to the personal data of any of the Relevant Person and any revocation of such consent.
- 9. I / We understand that information relating to my / our affairs may be disclosed to CIMB Group for cross-selling and other purposes of the Bank and / or the CIMB Group provided always that disclosure for cross-selling purposes shall not be effected if such disclosure is objected by me / us by contacting the Bank at: 17th Floor, Menara CIMB, No.1, Jalan Stesen Sentral 2, Kuala Lumpur Sentral, 50470 Kuala Lumpur. Telephone Number 1 300 888 828.
- 9. Where required by domestic or overseas governmental, supervisory or regulatory authorities, I / we also understand and agree that the Bank may be required to obtain additional documents and / or forms, which I / we will sign, if I / we am subject to the relevant jurisdiction's requirements.
- 10. Where required by domestic or overseas governmental, supervisory or regulatory authorities, I / we understand and agree that the Bank may withhold, and pay out, from any of my / our account(s) such amounts as may be required according to applicable laws, regulations, directives, guidelines and / or agreements with and / or from domestic or overseas governmental, supervisory or regulatory authorities.
- - (a) I / We am / are / am not / are not a connected party of the CIMB Group¹
 - (b) I / We am / are connected to the CIMB Group as follows:-

		Please tick (✓) where appropriate										
	I / We am / are a controlling shareholder of the CIMB Group and I / we control the same in the following manner:											
	(a) I / We control more than 50% of the voting rights;											
	(b) I / We hold more than 50% of the issued share capital whether directly or indirectly (excluding preference shares);											
(i)	(c) I / We control the composition of the board of directors;											
	(d) I / We have the power to appoint and / or remove all or a majority of the board of directors;											
	(e) I / We control the controlling shareholder of the CIMB Group; or											
	(f) the director of the CIMB Group or its holding company is accustomed to act in accordance with my / our directions											
(ii)	I/ We control or am/are controlled by a director ² , controlling shareholder, executive officer ³ or officer ⁴ (including their close relatives ⁵) o the CIMB Group ("the Connected Persons").	i										
(iii)	The Connected Persons or any one of them is interested or connected to me / us as a director, partner, executive officer, agent or guaranto and I / we do have subsidiary (ies) or company(ies) which is or are controlled by me / us. Names of my / our subsidiary (ies) or company (ies which is or are controlled by me / us are as follows [please complete where applicable]:											
(iv)	I / We am / are a guarantor for any one of the Connected Persons.											
(v)	I / We am/are controlled by or we are a subsidiary of the CIMB Group and its connected parties.											
	I/ We hold 20% or more interest shares of CIMB Group or have the power to appoint at least one person to the board of directors.											
(vi) [To b	be completed by the applicant Company / Firm / Partnership only where applicable :	being director(s)/										
[To b	be completed by the applicant Company / Firm / Partnership only where applicable :	roup) and particulars of										
[To b	be completed by the applicant Company / Firm / Partnership only where applicable :	Nature of Relationship of the staff with the										
[To b partn which	be completed by the applicant Company / Firm / Partnership only where applicable :	Oup) and particulars of Nature of Relationship of the										
[To b partn which No.	be completed by the applicant Company / Firm / Partnership only where applicable :	Nature of Relationship of the staff with the										
[To b partn which No.	be completed by the applicant Company / Firm / Partnership only where applicable :	Nature of Relationship of the staff with the										
[To b partn which No.	be completed by the applicant Company / Firm / Partnership only where applicable :	Nature of Relationship of the staff with the										
[To b partn which No.	be completed by the applicant Company / Firm / Partnership only where applicable :	Nature of Relationship of the staff with the										
To b partn which No.	be completed by the applicant Company / Firm / Partnership only where applicable :	Nature of Relationship of the staff with the										
To b partn which No.	be completed by the applicant Company / Firm / Partnership only where applicable :	Nature of Relationship of the staff with the above Contact Number										
To b partn which No. 1. 2. 3. 4. 5	be completed by the applicant Company / Firm / Partnership only where applicable: ner(s)/ sole proprietor of the applicant Company/Partnership/Firm (above person(s) do have close relatives who is/are staff of the CIMB Group person(s) Name and NRIC / Passport Number of the staff in the CIMB Group person(s) Name and NRIC / Passport Number of the staff in the CIMB Group person(s) of all Shareholders & Directors / Partners / Beneficial Owners Full Name Designation (i.e Director, Number of Number of Incorporation) NRIC / Passport Percentage of Incorporation/ Number (if Nationality / Country of Incorporation) Ownership ⁶ / Ownership ⁶ / Country of Incorporation	Nature of Relationship of the staff with the above Contact Number										
ITO b partn which No.	be completed by the applicant Company / Firm / Partnership only where applicable: ner(s)/ sole proprietor of the applicant Company/Partnership/Firm (above person(s) do have close relatives who is/are staff of the CIMB Group person(s) Name and NRIC / Passport Number of the staff in the CIMB Group person(s) Name and NRIC / Passport Number of the staff in the CIMB Group person(s) of all Shareholders & Directors / Partners / Beneficial Owners Full Name Designation (i.e Director, Number of Number of Incorporation) NRIC / Passport Percentage of Incorporation/ Number (if Nationality / Country of Incorporation) Ownership ⁶ / Ownership ⁶ / Country of Incorporation	Nature of Relationship of the staff with the above Contact Number										





4.				
5.				

- ¹ CIMB Group means CIMB Bank Berhad or CIMB Islamic Bank Berhad or CIMB Investment Bank Berhad or other subsidiaries or companies controlled by the aforesaid respective banking institutions.
- ² Director means director of the CIMB Group whether as an executive director or otherwise, and whether or not receiving compensation, and his close relatives. This includes alternate directors where permitted by the CIMB Group.
- ³ An executive officer is defined as a person who is member of management having authority and responsibility for planning, directing and / or controlling the activities of the CIMB Group (other than in the capacity as a director), whether or not the officer has an official title, or is entitled to salary or other compensation. Example of such officers include, but are not limited to, the chief executive officer, chief operating officer or member of business and policy-making committees.
- ⁴ Officer is defined as a person who is responsible for or has the authority to appraise and / or approve credit transactions or review the status of existing credit transactions, either as a member of a committee (e.g. Credit or Investment Committee) or individually, and his close relatives.
- ⁵ Close relative means those family members who may be expected to influence or be influenced by that individual, as well as dependents of the individual. This includes the individual's: (i) spouse and dependents of the spouse; (ii) child (including step children and adopted children) and spouse of the child; (iii) parent; and (iv) brother or sister and their spouses.
- ⁶ To fill up "Director" if the person named is a Director of the applicant.
- ⁷ American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, the Commonwealth of Puerto Rico, or the U.S. Virgin Islands.



REQUIREMENTS

CIMB PLATINUM BUSINESSCARD NOMINATION FORM

- Nominee must be of minimum age : 21 years old

- A photocopy of NRIC (both sides) or Passport for Non-Malaysian applicant

- A photocopy	of Visa for Non-Malaysian applicant		
NOMINEE PERSONAL DETAILS			
Salutation (Please J one) ☐ Mr ☐ Mrs ☐ Miss	☐ Others please specify	Occupation	Code
Name (as per NRIC / Passport)		Employment Type	Code
Name to Appear on Card (Not exceed	ing 19 letters)	Employment Sector	Code
		Mobile Number	
NRIC / Passport Number		Office Number	
Passport Expiry Date		Email Address	
Other Identification Number	_	Marital Status (Please √ one) ☐ Single ☐ Married ☐ Div	vorced □ Separated □ Widowe
Identification Expiry Date :		Race (Please √ one) ☐ Bumiputera ☐ Chines Residential Address	se □ Indian □ Others
Nationality (Please √ one) ☐ Malaysian ☐ Non-Malaysian, please specify coun	try, Visa type and expiry date of Visa		
		Postcode	City
Visa Type	Code	State	Country
Visa Document Number		Business Mailing	
Visa Expiry Date		David.	City
Residency Status (Please √ one) ☐ Resident ☐ Permanent Residen	осу 🗆 ММ2Н	Postcode State	Country
☐ Non-Resident, please specify Country	y of Residence	Mother's Maiden Name (for	verification purposes)
Gender (Please √ one)			
☐ Male ☐ Female			
Date of Birth		Gross Annual Income	RM
		Card Credit Limit % ¹	%

In multiples of 10s, e.g.: 10%; 30%; 50%



EI	MERGENCY CONTACT					
Na	me			Cardho	onship to older / Nominee ct Number	
TR	ANSACTION ALERT SERVICES					
Ale	rt me if transaction exceeds:					
(Th	e Bank's default value applies if left blank)					
	RM1,000 □ RM2,000 □ RM3,000 □ RM	M5,000				
	I wish to unsubscribe from Transaction Alert Services by checking this box you will stop receiving any Trans		ert for your	CIMB Platin	um BusinessCard)	
DE	CLARATION SECTION					
	We wish to appoint the above nominee to receive a CIN hout providing any reason and any notice.	⁄IВ Platinu	ım BusinessC	Card. I / We ເ	understand that CIMB B	ank may decline my / our nominatior
	claration on Politically Exposed Person ¹ ("PEP") clare that I am / used to be formerly a Politically Expos	ed Persor	n ("PEP")¹ / Fa	amily Memb	per ² of the PEP/Close Ass	sociates ³ of the PEP.
PEF	Yes □ No					
If "	es" has been selected please tick (ν) on the appropriat	te boxes i	n the table b	elow. For fu	rther clarification please	e refer to the "Notes"
	I am / We are PEP¹	Code			(Please find the	e respective codes under Notes)
	I am / We are a Family Member² of the PEP	Code			(Please find the	e respective codes under Notes)
	I am / We are Close Associate³ of the PEP	Code				e respective codes under Notes)
	For "Others", please specify (mandatory					
go of ² Fa	olitically Exposed Person ("PEP") – a person who is covernment, senior politicians, senior government, judic ficials. mily Member of the PEP: 002 – Spouse, 003 – Child, 00	ial or milit 04, Parent	tary officials, s, 005 – Pare	senior exec	utives of state owned c	orporations, important political party ative / Extended Family.
	ose Associates of the PEP: 008 – Work Colleague, 009 uarantor, 015 – Business Associate, 016 – Business Part					
	claration on Foreign Account Tax Compliance Act (FA ase select Yes or No for each of the following questions					
1.	Are you a U.S. Resident? (including a current work pe	rmit)	☐ Yes	□ No	If yes, Tax Number	
2.	Are you a U.S. Citizen or a Citizen of a U.S. Territory?		□ Yes	□No	if yes, Tax Number	
3.	Do you hold a U.S. Permanent Resident Card (Green G	Card)?	□ Yes	□ No	if yes, Tax Number	
4.	Passport / ID Number (please include the 8-digit/lette	er U.S. Vis	a, where app	olicable)		



I / We hereby confirm the information provided in the table above is true, accurate and complete. Subject to the applicable local laws, I / we hereby consent for CIMB Group, its parent or ultimate holding company or any of its affiliates (including branches) (collectively known as "CIMB") to share my / our information with domestic or overseas regulators or tax authorities where necessary to establish my / our tax liability in any / or the relevant jurisdiction. Where required by domestic or overseas regulators or tax authorities, I / we also understand and agree that CIMB may be required to obtain additional documents and / or forms, which I / we will sign, if I / we am / are subject to the relevant jurisdiction's requirements. Where required by domestic or overseas regulators or tax authorities, I / we understand and agree that CIMB may withhold, and pay out, from my / our account(s) such amounts as may be required according to applicable laws, regulations, directives, and / or agreements with and/or from domestic or overseas governmental, supervisory or regulatory authorities. I / We also agree and undertake to notify CIMB (within 30 calendar days), or provide the information if requested by the Bank, if there is a change in any information which I / we have provided to CIMB.

Acknowledgement by the Nominee

AUTHORISATION

This application is signed by:

I acknowledge that the product disclosure sheet of CIMB Platinum BusinessCard ("Card") has been made available to me/us and the key contract terms affecting my/our obligations have been adequately explained to me/us by a staff, representative or agent of CIMB Bank Berhad ("the Bank").

I confirm that I have read and understood the Terms and Conditions of the card (which is available at the Bank's website at www.cimb.com.my) and the product disclosure sheet and I agree to be bound by the same.

Authorised Signa	atory	Authorised Signatory	Signature of Nominee	Cor	npany St	amp		
Name		Name						
NRIC		NRIC						
Date								
For Bank Use								
Name of Staff	:							_
Staff Email Addres	s: 							
Branch Address	:							
Office Number	:							
Mobile Number	:							
			SF	MSA		0	0 (0 5
			Ві	ranch Code				
			St	aff ID				