CIMB BANK BERHAD
197201001799 (13491-P)

CIMB ISLAMIC BANK BERHAD
200401032872 (671380-H)

CONFIDENTIAL

CREDIT CARD MAINTENANCE FORM

If you require any information to be updated by the Bank, please fill in and submit the Customer Information Update Form.

DETAILS

Principal Cardholder's Name :

NRIC/Passport no. : (New)

Mobile no. : E-mail Address :

1. ☐ **To request a PIN for my credit card ending no.** (last 4 digits)

2. ☐ **To replace credit card ending no.** (last 4 digits) due to:

☐ Damaged/Broken ☐ Chip Error ☐ Lost ☐ Stolen ☐ Fraud

Card Mailing Address : ☐ Home Address ☐ Office Address

Notes: 1. Replaced due to damage/broken/chip error: Destroy magnetic strip and chip immediately. 2. Replaced due to stolen/lost: To provide police report. 3. Replacement Fee: RM10.

^3. ☐ **To increase credit card limit permanently,** from RM to RM

Nationality :

☐ **MALAYSIAN** (Please ✓ one)
☐ Bumiputra ☐ Non-Bumiputra

☐ **Non-MALAYSIAN**, please specify country, visa type and expiry date of visa

Country Visa document number

Visa type Code* Visa expiry date D D / M M / Y Y Y Y

Employer's Name :

Office Phone no. :

Gross Monthly Income : **RM** Other Monthly Income : **RM**

Source of Income : Code*

Occupation : Code*

Employment Type : Code*

Employment Status : ☐ Permanent ☐ Contract ☐ Temporary

Employment Sector : Code*

My total monthly instalments with non-bank institutions (if any) **RM**

Important Notes:
- *Any non-disclosure of complete and accurate information may impact the Bank's decision on your application*

^*Documents required :*
Employed : Latest Salary Slips / EA Form / EPF Statement / Form BE & Tax Receipt
Self Employed : Latest Form B & Tax Receipt OR Latest 6 months Company Bank Statements OR copy of Business Registration Document

** For Bank use only*

DETAILS... *CONTINUED*

Declaration on Politically Exposed Person[1] ("PEP")

I declare that I am/used to be formerly a Politically Exposed Person ("PEP")[1]/Family Member[2] of the PEP/Close Associates[3] of the PEP.

	Principal Cardholder
	☐ Yes ☐ No
If "YES" has been selected for the above, please tick (✓) on the appropriate boxes in the table below. For further clarification please refer to the "Notes".	
1. I am a **PEP**[1].	☐
2. I am a **Family Member**[2] of the PEP.	☐ Code*: *Please find the respective codes under Notes.*
3. I am a **Close Associate**[3] of the PEP.	☐ Code*: *Please find the respective codes under Notes.* If "Others", please specify (mandatory)

Notes:
[1] Politically Exposed Person ("PEP") - a person who is or has been entrusted with a prominent public function. For example, Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials.
[*2] Family Member of the PEP: 002 - Spouse, 003 - Child, 004 - Parents, 005 - Parents-in-law, 006 - Siblings, 007 - Relative/Extended Family.
[*3] Close Associates of the PEP: 008 - Work Colleague, 009 - Close Friend, 010 - Driver, 011 - Bodyguard, 012 - Secretary, 013 - Political Adviser, 014 - Guarantor, 015 - Business Associate, 016 - Business Partner, 017 - Lawyer, 018 - Person Acting on Behalf, 099 - Others (it is mandatory to specify).

4. ☐ **To reduce credit card limit permanently,** from RM _____ to RM _____

5. ☐ **To request for a temporarily credit limit increase for my credit card ending no.** ____ (last 4 digit)

The purpose of my request is for (Please choose from the options):

☐ Hospitalisation ☐ Medical ☐ Travel ☐ Weddings ☐ Others: _____

Please review my request to increase my credit limit temporarily from:

Original credit limit of RM _____ to credit limit of RM _____

Start Date: D D / M M / Y Y Y Y to End Date: D D / M M / Y Y Y Y

Important Note: • Temporarily Credit Limit Increase is capped at maximum of 60 calendar days only. • The request of Temporarily Credit Limit Increase is subject to Bank's decision on your application.

6. ☐ **To transfer outstanding credit card balances from my principal credit card ending no.** ____ (last 4 digits) **to** ____ (last 4 digits)

☐ **To transfer outstanding credit card balances from my supplementary credit card ending no.** ____ (last 4 digits) **to** ____ (last 4 digits)

Note: Transfer of outstanding balances exclude Balance Transfer and any monthly instalment plans, including but not limited to 0% Easy Pay, Auto Balance Conversion, Balance Conversion/-i, Balance Conversion Relief, CashLite/-i, CIMB Islamic Auto Balance Conversion, CIMB Islamic Balance Conversion Relief, Flexi Payment Plan.

7. ☐ **Other Requests, please specify** _____

DECLARATION/DISCLOSURE BY APPLICANT

I acknowledge that the key contract terms affecting my obligations in relation to the credit card/credit card-i application have been adequately explained to me.

I confirm having read, understood and retained a copy of Product Disclosure Sheet that explains the benefits and my duties in relation to my application for the Product(s) that I applied for.

I also confirm that a copy of the relevant Product Disclosure Sheet(s) was provided to me.

APPLICABLE TO CIMB ISLAMIC CREDIT CARD-i APPLICATION ONLY

APPOINTMENT OF CIMB ISLAMIC BANK BERHAD ("the Bank") AS AGENT

I refer to the abovementioned matter and CIMB Islamic Bank Berhad's Credit Card Terms and Conditions together with application form for the Credit Card-i which I have indicated. Terms defined in the Bank's Credit Card Terms and Conditions shall have the same meaning whenever used herein.

Subject to the Bank's approval for the application, I hereby appoint CIMB Islamic Bank Berhad to act as my agent in accordance with Clause 10 of the CIMB Islamic Bank Berhad's Credit Card Terms and Conditions.

By signing below, I acknowledge and confirm making the declaration/disclosure appearing under the caption of 'For All Products', 'Declarations for Financing Products' and 'Product Specific Declarations For Credit Card/Credit Card-i'.

Note: Please read and understand the terms and conditions before you sign up. Do discuss with us if you have any enquiries.

Principal Card Applicant's Signature

Full Name as per NRIC / Passport

NRIC/Passport no.

Date D D / M M / Y Y Y Y

E-mail the completed form to contactus@cimb.com or visit our nearest branch to submit your form.

FOR BANK USE ONLY

Special Needs ☐ Yes ☐ No

Regional Customer ☐ Yes ☐ No

Branch Manager/Relationship Manager

Verified Original/Certified True Copy by

Branch

Tel. no.

Employee Code / Sales ID:

Date D D / M M / Y Y Y Y

Note: Active RCSU ID is required for Permanent / Temporary Credit limit Increase Application