



AFFINBANK TOUCH 'n GO MASTERCARD APPLICATION FORM

To qualify, applicant must be 21 years or above for Principal Cardmember, and 18 years or above for Supplementary Cardmember.

To expedite processing, please remember to enclose a photocopy of your:-

- IC (both sides) or passport, including supplementary applicants.
- Latest Income Tax Return (J Form)/EA Form.
- Latest 2 months' salary slips or letter from employer confirming length of service, income and position held.
- Latest 3 months' bank statements and F9, 24, 49/Business Registration Certificate if self employed.
- Any other income supporting documents.

For existing principal credit/charge cardmember for more than 6 months for a card issued in Malaysia and valid worldwide, just enclose a photocopy of your:-

- IC (both sides) or passport, including supplementary applicants.
- Credit/charge card (both sides).
- Latest 3 months' credit/charge card statements.

Please note that enclosed documents are non-returnable.

Please complete all sections of the form in BLOCK LETTERS and tick (✓) boxes where appropriate, with black ink.

PREFERRED CARD

- AFFINBANK TOUCH 'n GO MasterCard Gold
 AFFINBANK TOUCH 'n GO MasterCard Classic

AFFINBANK TOUCH 'n GO MasterCard Gold: Minimum annual income - RM40,000
AFFINBANK TOUCH 'n GO MasterCard Classic: Minimum annual income - RM18,000

PERSONAL DATA

Full Name (As in IC/Passport)

Mr Mrs Miss Others

Date of Birth (DD/MM/YY)

— — —

New IC No.

— — — — — — — — — —

Old IC No./Passport No.

— — — — — — — — — —

Gender

Male

Female

Marital Status

Single

Married

Divorced

Widow

Residential Address (Please do not provide P.O. Box address)

— — — — —

— — — — —

Post Code

Residential Tel. No.

Handphone No.

Mother's Name (This security feature is for verification purposes)

— — — — —

Highest Education Level

Primary

Secondary

College

University

Others

Residential is

Mortgaged

Owned Property

Rented

Parents'/Relatives'

Others

Years there

Nationality

— — — — —

E-mail

— — — — —

Name to appear on card (maximum 19 characters)

— — — — —

No. of Dependents

— —

Permanent Address (If different from Residential Address)

— — — — —

— — — — —

Post Code

Full Name of Spouse (As in IC/Passport)

— — — — —

Name of Spouse's Employer

— — — — —

Spouse's Office Tel. No.

Handphone No.

— — — — —

EMPLOYMENT DETAILS

Name of Company

— — — — —

Office Address (Please do not provide P.O. Box address)

— — — — —

— — — — —

Post Code

Tel. No. /Ext.

Position Held

— — — — —

Nature of Business

— — — — —

Please tick if self-employed

Years in service

— — — — —

ANNUAL INCOME

Annual Gross Income (RM)

— — — — —

Sources of other income and amount (RM) (if any):

— — — — —

Please enclose supporting document(s)

FINANCIAL DETAILS

Current/Savings/Fixed Deposit Account/Credit facilities (Personal loan, housing loan, etc)

Bank

A/C No.

Type of A/C

1. — — — — —

Credit/charge cards held

Card No.

Member since

1. — — — — —

2. — — — — —

PERSONAL REFERENCE

Name of Relative/Friend not staying with you

— — — — —

Relationship

— — — — —

Residential Address (Please do not provide P.O. Box address)

— — — — —

— — — — —

Post Code

Residential Tel. No.

— — — — —

Handphone No.

— — — — —

Office Tel. No.

— — — — —

E-mail

— — — — —

PREFERRED CORRESPONDENCE ADDRESS

To Residence To Office

YOUR CARD COLLECTION

Affin Bank Berhad Branch

SUPPLEMENTARY CARD

Type of Card

AFFINBANK TOUCH 'n GO MasterCard Gold

AFFINBANK TOUCH 'n GO MasterCard Classic

Note: The supplementary card will share the principal credit line.

Full Name (As in IC/Passport)

Mr Mrs Miss Others

Date of Birth (DD/MM/YY)

New IC No.

Old IC No./Passport No.

Gender Male Female

Relationship to Principal

Name and Address of Employer (if applicable)

Post Code

Office Tel.

Handphone No.

E-mail

Name to appear on card (maximum 19 characters)

Mother's Name (This security feature is for verification purposes)

AFFIN TRANSFER

Yes, I want to save more on my credit card repayments.

Upon approval of my AFFINBANK TOUCH 'n GO MasterCard application, please transfer the outstanding balance from my other credit/charge card(s), as below, to my Affin Transfer Account.

Credit/Charge Card Number Transfer Balance (RM)

1.
 2.
 3.

(Rounded up to the nearest RM)

- In the event the balance transfer amount exceeds the approved credit line, Affin Bank Berhad reserves the right to transfer any amount equivalent to the approved credit line.
- Please continue to make payments in your existing credit card account, until the balance transfer amount is reflected in your statement.
- Affin Bank Berhad will not be held liable for any overdue payment or interest incurred from other credit/charge card(s). We reserve the right to decline any transfer requests.
- Minimum transfer amount must be RM500.
- In the event if you have more than one balance transfer amount, it will be accumulated and transferred to Affin Transfer so you can enjoy the lowest possible interest rate.
- Please enclose your latest credit/charge card statement.
- To enjoy the fee waiver, you must maintain your Affin Transfer Account for no less than 1 (one) year. You can opt to pay a minimum of 5% of your balance a month. Penalty will be imposed to those who settle the amount in less than one year, as follows:

Transferred Balance (RM)	Penalty (RM)
500 - 5,000	100
5,001 - 10,000	200
> 10,000	400

Terms & Conditions apply

AFFIN PROTECTOR

Yes, I want to protect my outstanding balance with AFFIN PROTECTOR. I am entitled to 30 days free coverage*. I declare that I am under 65 years of age, that I have not been hospitalised in the last 12 months or suffer from any mental illness, physical injuries or impairments and am in good health. I understand that a certificate of insurance which details the limitations and exclusions will be sent to me upon approval of my AFFIN PROTECTOR. I hereby authorise Affin Bank Berhad to settle payments of the premium by debiting my AFFINBANK TOUCH 'n GO MasterCard.

Note: Pursuant to Section 149 (4) of the Insurance Act 1996, you are to disclose in this form fully and faithfully all the facts you know or ought to know otherwise the certificate of insurance issued under the policy may be null and void. AFFIN PROTECTOR is underwritten by Arab-Malaysian Assurance Berhad.

*You may cancel the policy within 30 days of the enrollment date and will not be charged any premium, provided no claim has been made.

DECLARATION

I/We confirm that all information given above is true and complete. I/We hereby authorise the Bank to verify the information from whatever sources including Inland Revenue Authorities and by whatever means that the Bank considers appropriate. I/We confirm that I/we shall be subject to the terms and conditions governing the use of the AFFINBANK TOUCH 'n GO MasterCard. I/We understand that Affin Bank Berhad reserves the right to decline an application without giving any reason. I/We confirm that my/our borrowings from all sources within Malaysia do not exceed in aggregate RM200,000 (applicable to non-Malaysians only). I/We agree that my/our signing on the MasterCard or the use by me/us of the MasterCard shall constitute my/our acceptance of and my/our agreement to be bound by the Terms and Conditions contained in the AFFINBANK Cardmember Agreement that is sent or given to me/us with the MasterCard, in the event that my/our application herein is approved.

I/We irrevocably 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, companies which are related to the Bank by virtue of Section 6 of the Companies Act 1965 at any time and without notice or liability any information relating to my/our affairs, banking accounts or conduct thereof (including my/our credit standing) to such extent and for such purposes as the Bank may in its absolute discretion deem necessary or expedient.

I/We hereby give consent to Affin Bank Berhad to disclose to Rangkaian Segar Sdn. Bhd. any or all of my/our banking informations related to AFFINBANK TOUCH 'n GO MasterCard at any time and without notice to me/us.

<input type="text"/>	<input type="text"/>
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Signature of Principal Card Applicant Signature of Supplementary Card Applicant
 Date Date

FOR BANK USE ONLY

Agent/Staff Name	PS No.	A/C No.
Source Code		Product Code
TnG-AR		

* Please enclose all documents and send to the address below:-

AFFIN BANK BERHAD (25046-T)
 Credit Card Centre, P.O. BOX 10974, 50730 Kuala Lumpur.
 Tel: 603-5522 3000 Fax: 603-2710 6923
 E-mail: cardservices@affinbank.com.my
 Website: www.affinbank.com.my