

VISA GOLD APPLICATION

To ensure processing of your application form please answer all questions. Kindly PRINT information.

PRIMARY APPLICANT (Must be 18 years of age or older):

YOUR PERSONAL INFORMATION

Mr. Mrs. Ms. Miss Other: _____

Last Name:		First Name:		Middle Name:
Name Preferred on Card:				
Home Address:				
Parish, City, State, Country:			Postal Code:	Years at this Address:
Mailing Address (if different than above):				
Home Telephone:		Work Telephone:		Mobile Phone:
Fax #:		E-Mail:		
Birth Date (MMDDYY):	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed		# of Dependents:	Ages:
Social Insurance #:		Bermudian: <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Nationality:
Type of ID:		ID Number:		
Mother's Maiden Name: (for ID purposes)		Name of Nearest Relative: (not living with you)		Relative's Telephone:

YOUR EMPLOYMENT INFORMATION

Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired				
Name of Present Employer:				
Address of Present Employer:				
Time with Present Employer: Years _____ Months _____		Occupation/Position:		Telephone #:
Salary: \$		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
		<input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly		

SUPPLEMENTARY APPLICANT:

YOUR PERSONAL INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss Other: _____				
Last Name:		First Name:		Middle Name:
Name Preferred on Card:				
Home Address:				
Parish, City, State, Country:			Postal Code:	Years at this Address:
Mailing Address (if different than above):				
Home Telephone:		Work Telephone:		Mobile Phone:
Fax #:		E-Mail:		
Birth Date (MMDDYY):	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed		# of Dependents:	Ages:
Social Insurance #:		Bermudian: <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Nationality:
Type of ID:		ID Number:		
Mother's Maiden Name: (for ID purposes)		Name of Nearest Relative (not living with you):		Relative's Telephone:

YOUR EMPLOYMENT INFORMATION

Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired				
Name of Present Employer:				
Address of Present Employer:				
Time with Present Employer: Years _____ Months _____		Occupation/Position:		Telephone #:
Salary: \$		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
		<input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly		

YOUR CREDIT REFERENCES			
Bankers:	<input type="checkbox"/> Bermuda Commercial Bank	Other Bank(s):	
Credit Cards:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Island/Bermuda Card <input type="checkbox"/> Other _____		
Creditor / Address	Account Number	Account Balance	Monthly Payment
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Have you, in the last 5 years, had a civil judgment made against you or have a case pending in relation to any financial matter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
YOUR FINANCIAL INFORMATION			
Residence: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Own Free & Clear <input type="checkbox"/> Live with Relatives	Monthly Rent/Mortgage Payments: \$ _____	Balance Owing: \$ _____ Value of Property: \$ _____	
Name & Address of Mortgage Holder or Landlord:			Telephone:
Monthly Income		Monthly Commitments	
Applicant's Salary (Net)	\$	Monthly Rent / Mortgage Payments	\$
Co-applicant's Salary (Net)	\$	Other Loans	\$
Rental Income	\$	Other Credit Cards	\$
Other Income	\$	Other Monthly Expenses (e.g., groceries, clothing, utilities & Insurance)	\$
Total Monthly Income	\$	Total Monthly Expenditures	\$
Please attach a copy of a pay stub or other documentary evidence of income.			
BERMUDA EXCHANGE CONTROL			
Payment Method:	<input type="checkbox"/> US\$ <input type="checkbox"/> BDA\$		
Applicant:	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident	Supplementary Applicant:	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident
CARD PAYMENTS			
Autopay <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Balance _____	<input type="checkbox"/> Fixed Amount _____	From Account _____
CREDIT LIMIT			
Primary Cardholder Requested Limit _____		Supplementary Cardholder Requested Limit _____	
SIGNATURE OF APPLICANT(S)			
<p>I/We hereby declare that the information which I/we have provided to you in support of this application is true and complete in all material respects and that no information is omitted in relation to any of the items describing my/our liabilities. If this application is accepted by The Bermuda Commercial Bank Limited (the Bank), I/we request that the credit card be issued to me/us as designated above.</p> <p>I/We authorize you to contact such persons as you think fit to verify the correctness and completeness of this information and authorize any such persons to release it to you. I/We have read and agree to the terms and conditions of use as stated in the Cardholders Agreement enclosed. I/We authorize the undersigned person to charge on my account and I/We agree to accept responsibility for the debts incurred in accordance with the terms and conditions stated. I/We authorize the Bank to charge my/our credit card account with the amount of the annual fee(s) in affect from time to time for the card.</p>			
Signature of Primary Card Applicant: _____		Date: _____	
Signature of Supplementary Card Applicant: _____		Date: _____	

BANK USE ONLY			
<input type="checkbox"/> Approved	\$	Credit Officer:	Date:
		Input By:	Date:
<input type="checkbox"/> Declined	Reason for Decline:	Verified By:	Date: