

VISA PLATINUM 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

| | | | |
|--|--|---|------------------------|
| <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 #: | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| Salary: \$ | | <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 #: | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| Salary: \$ | | <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: |