

Bermuda Commercial Bank Ltd

VISA Platinum Credit Card Application Form

Primary Applicant (Must be 18 years of age or older)

Your Personal Information

Title: Mr. Mrs. Ms. Miss Dr. Other:

First Name: Middle Name:

Surname: Suffix (if any):

Previous/Maiden Name:

Name Preferred on Card (Max. 24 characters including spaces):

Residential Address Years at This Address:

House/Street:

Town/City/Parish: County/State:

Postal/Zip Code: Country:

Mailing Address (If different to Residential Address)

House/Street:

Town/City/Parish: County/State:

Postal/Zip Code: Country:

Home Phone: Mobile Phone: Work Phone:

Email Address: Fax #:

Gender: Male Female Status: Single Married Other: Birth Date:

Residency: Bermudian Other Nationality: Bermudian Other (please specify):

Type of ID: ID #: ID Expiry Date : Social Insurance #:

Dependents # : Ages: Mothers Maiden Name (For ID purposes):

Name of Nearest Relative (not living with you): Relative's Phone:

Your Employment Information

Employment Status: Employed Unemployed Retired Full/Part Time: Full Time Part Time

Occupation:

Employer's Name:

Employment Duration:

Employer's Full Address

House/Street:

Town/City/Parish: County/State:

Postal/Zip Code: Country:

Phone: Salary (\$): Period: Annual Monthly Weekly

Supplementary Applicant

Your Personal Information

Title: Mr. Mrs. Ms. Miss Dr. Other:

First Name: Middle Name:

Surname: Suffix (if any):

Previous/Maiden Name:

Name Preferred on Card (Max. 24 characters including spaces):

Residential Address Years at This Address:

House/Street:

Town/City/Parish: County/State:

Postal/Zip Code: Country:

Mailing Address (If different to Residential Address)

House/Street:

Town/City/Parish: County/State:

Postal/Zip Code: Country:

Home Phone: Mobile Phone: Work Phone:

Email Address: Fax #:

Gender: Male Female Status: Single Married Other: Birth Date:

Residency: Bermudian Other Nationality: Bermudian Other (please specify):

Type of ID: ID #: ID Expiry Date : Social Insurance #:

Dependents # : Ages: Mothers Maiden Name (For ID purposes):

Name of Nearest Relative (not living with you): Relative's Phone:

Your Employment Information

Employment Status: Employed Unemployed Retired Full/Part Time: Full Time Part Time

Occupation:

Employer's Name:

Employment Duration:

Employer's Full Address

House/Street:

Town/City/Parish: County/State:

Postal/Zip Code: Country:

Phone: Salary (\$): Period: Annual Monthly Weekly

Your Credit References

Bankers: BCB Other(s):

Credit Cards: VISA MASTERCARD AMEX Island/Bermuda Card 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?: Yes No

Your Financial Information

Residence: Rent Own Own Free & Clear Live with Relatives

Monthly Rent/Mortgage Payments (\$): Balance Owning (\$): Property Value (\$):

Mortgage Holder or Landlord Name: Phone:

Mortgage Holder or Landlord Address:

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	\$
Total Monthly Income:	\$	Total Monthly Expenses:	\$

Please attach a copy of a pay stub or other documentary evidence of income. Other monthly expenses include groceries, clothing, utilities, insurance etc.

Repayment, Credit Limit and Collateral Details

Payment Currency: USD BMD From Account:

Auto Pay?: Yes No Full Balance Minimum Balance Fixed Amount _____

Cardholder	Requested Total Limit	Collateral Details Including Account Number (if applicable)
Primary	\$	
Supplementary	\$	

Note: Security may be required. Please indicate account where funds are to be restricted (collateral requirement is 110%).

Applicant Signature(s)

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.

I/We authorise you to contact such persons as you think fit to verify the correctness and completeness of this information and authorise 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 authorise the undersigned person to charge my/our account and agree to accept responsibility for the debits incurred in accordance with the terms and conditions stated. I/We authorise the Bank to charge my/our credit card account with the amount of the annual fee(s) that are in effect for the card.

By signing this Credit Card Application form, I/we agree that in the event that the unpaid credit card balance remains outstanding for 30 days, the Bank has the right to place a restriction on any one or more of our deposit accounts held with BCB for 110% of either the Credit Card Sanctioned Limit or outstanding balance and in the event that a balance remains outstanding by 90 days a withdrawal against the deposit account will be made to retire the outstanding debt obligation.

Primary Card Applicant Signature	Supplementary Card Applicant Signature
Date:	Date:

FOR BANK USE ONLY Aggregate Limit: Approved \$ _____

Approved by Name (1):		Signature:		Date:	
Approved by Name (2):		Signature:		Date:	
Comments:					
Daily Maximum Purchase Amount: <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000					
<input type="checkbox"/> Declined and reason for decline (if applicable)					
<input type="checkbox"/> Email Attached	Account Number: _____		Completed By:		Date:
Main CIF: _____	Supplementary CIF: _____		Collateral in Place?: <input type="checkbox"/> Yes <input type="checkbox"/> No		