



# CLARIEN

## VISA Platinum Application Form

BANK USE ONLY

CIF Number

#1

#2

## Select Card Type (choose one)

☐ VISA Platinum  
\$2,500 minimum☐ VISA Platinum Private  
\$10,000 minimum

## Select Currency

☐ BMD☐ USD

## Requested Credit limit

BMD \$

USD \$

## Personal Information for Primary Applicant and Cardholder

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other \_\_\_\_\_

Last Name

First Name

Middle Name(s)

Maiden or Previous Name(s) If applicable

## Gender

☐ Male☐ Female

## Date of Birth (DD/MMM/YYYY)

## Mother's Maiden Name

## Country of Birth

## Bermudian?

☐ Yes☐ No

## Country of Residence

Residential Address

Years at Residential  
Address

Years

Months

Mailing Address (if different than above)

## Residence (tick all that apply)

☐ Rent☐ Own (Mortgaged)☐ Own (Mortgage-free)☐ Live with Relatives

Personal Phone

Personal Mobile

Work (Direct Line)

Work

Personal Email

Type of Photo ID

Photo ID Number

## Name of Personal Reference

## Telephone Number

## Years Known

Years

Months

## Employment Status

☐ Full Time☐ Part Time☐ Self-Employed☐ Retired☐ Other (please specify):

## Name of Current &amp; Recent Employer(s)

## Address

## Main Telephone

## Position

## Length

Years

Months

Do you hold credit  
cards now?☐ Yes ☐ No

## Issuer Name

## Total Limit

## Current Balance

\$

\$

\$

\$

Primary Clarien Account

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Current holdings inclusive of subsidiaries



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### Additional Cardholders - Personal Information and Authorisation(s)

Use this section to request additional cards for individuals connected to you. All additional credit cards access (share) the same credit limit as the Primary Cardholder. See the Cardholder Agreement for terms and conditions in respect of Additional Cardholders.

**Secondary Cardholders** are authorised to inquire on card balance and transaction history and may also be a Joint Applicant.

**Authorised Cardholders** are card users only and may not inquire on card balance and transaction history. Authorised Cardholders can not be a Joint Applicant.

Cardholder Type:	<input type="checkbox"/> Joint Applicant & Secondary <input type="checkbox"/> Secondary Only	<input type="checkbox"/> Authorised	<input type="checkbox"/> Secondary <input type="checkbox"/> Authorised	<input type="checkbox"/> Authorised
Title:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other
First (Given) Name:				
Middle Name(s):				
Last Name:				
Date of Birth: DD/MMM/YYYY				
Phone   Mobile:				
Email:				
Type of Photo ID:				
Photo ID Number:				
Relationship to Primary Cardholder:				
Resident in Bermuda?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'No' where?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'No' where?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'No' where?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'No' where?
Signature(s) of Additional Cardholder(s):				

### Payment Instructions

<b>Auto-Pay?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Currency</b> <input type="checkbox"/> BMD <input type="checkbox"/> USD	<b>Auto-Pay Amount (Choose one)</b> <input type="checkbox"/> Full Balance <input type="checkbox"/> Minimum Balance <input type="checkbox"/> Specified Monthly Amount: \$
<b>Debit from Clarien Account Number:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/> Savings <input type="checkbox"/> Chequing

### Card Delivery

All requested cards will be issued to the attention of the named Cardholder and sent to the mailing address of the Primary Applicant.

### Reward Programme Selection (choose one)

To get the most from your VISA Platinum Card, please choose how you wish to receive the cardholder rewards you earn.

Cash Back:	<input type="checkbox"/>
VISA Rewards Points:	<input type="checkbox"/>

Rewards selection will be the same for all cardholders.

For more information on **VISA Rewards Points** please visit [www.clarienbank.com/rewards](http://www.clarienbank.com/rewards)



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### Personal Financial Statement

APPLICANT(S) must provide supporting financial information as detailed in the Application Requirements List.

#### Monthly Income

Primary Applicant Salary

\$

Joint Applicant Salary (If Applicable)

\$

Other (Please Specify):

\$

Other (Please Specify):

\$

Other (Please Specify):

\$

Other (Please Specify):

\$

Total Monthly Income

\$

#### Monthly Expenses

Rent and/or Mortgage Payments

\$

Loan Payments

\$

Insurance, Taxes

\$

Living Expenses (Utilities, Tuition, Etc.)

\$

Other (Please Specify):

\$

Other (Please Specify):

\$

Total Monthly Expenses

\$

#### Assets

##### Type

##### Market/Present Value

Cash (Savings, Chequing, CDs, Other, Etc.)

\$

Investments

\$

Personal Property (Vehicles, Jewelry, Etc)

\$

Real Estate

\$

Other (Specify):

\$

Total Assets

\$

#### Liabilities

##### Type

##### Present Debt Value

Mortgage(s) Balance

\$

Loan(s) Balance

\$

Credit Cards (Current Balance Owed)

\$

Other (Specify):

\$

Other (Specify):

\$

Total Liabilities

\$

Are you a Guarantor on any loan or mortgage?

Primary Applicant

☐ Yes

☐ No

Joint Applicant

☐ Yes

☐ No

#### Required Supporting Documentation (To be provided in original or certified copy form, or confirmed in place)

##### For Primary & Joint Applicants

- Passport
- Documentary evidence of income
- Bermuda Work Permit, Residence Certificate or Spousal Letter (if applicable)
- Proof of Address

##### For All Additional Cardholders

- Passport or Government issued identification
- Confirmation of place of residence, if not ordinarily resident in Bermuda

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. I/We authorise Clarien Bank Limited and its authorised representatives to contact such persons as you deem necessary 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. I/We authorise Clarien Bank Limited to issue the credit card(s) as requested on this form and to charge my credit card account for fees and charges, auto-pay amounts and credit check fees. I/we further agree to accept responsibility for the debts incurred in accordance with the terms and conditions stated.

Signature - Primary Applicant

Date (DD/MMM/YYYY)

Signature - Joint Applicant

Date (DD/MMM/YYYY)

### Bank Use Only

☐ RUSH CARD    ☐ Employee **(E)**    ☐ Private Banking client **(P)**

**APPROVED - Card Type**

**Approved Credit Limit**

☐ Platinum Retail    ☐ Platinum Private

\$

### Approval Conditions or Comments

Signature

DD/MMM/YYYY

**Receiving Officer:**

**Credit Officer:**

**Data entered by:**

**Data verified by:**

DECLINED - Provide reason (if applicable)

### Special Processing Notes

**Name as it should appear on the card(s).** No nicknames, short names or special characters including commas, accents, periods, numbers and symbols. Hyphens are accepted. Use a space (one box) to separate each name and/or initial (i.e. John-Paul E Smith).

**Primary Cardholder (Applicant)**[illegible]

### Secondary Cardholder

[illegible]

**Authorised User #1**

[illegible]

**Authorised User #2**

[illegible]

Authorised User #3

[illegible]