



# CLARIEN

## Credit Card Limit Change Form

BANK USE ONLY

CIF Number	
#1	
#2	

<b>Credit Card 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="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"/>
<b>New Credit Limit:</b>	\$ <input type="text"/>	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary - Expiration Date:	<input type="text"/>																
				<small>(DD/MM/YYYY)</small>																
<b>Primary 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="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"/>	

Primary Account Holder Information											
Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss	<input type="checkbox"/> Other _____						
Last Name					First Name					<b>Date of Birth</b> <small>(DD/MM/YYYY)</small>	
Middle Name(s)											
Residential Address											
Personal Phone			Personal Mobile			Work (Direct Line)			Work (Main Line)		
Name of Current Employer					Position						
<input type="text"/>					<input type="text"/>						
Address										<b>Length</b>	
<input type="text"/>										<small>Years</small>	<small>Months</small>
<input type="text"/>										<input type="text"/>	<input type="text"/>

Joint Account Holder Information											
Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss	<input type="checkbox"/> Other _____						
Last Name					First Name					<b>Date of Birth</b> <small>(DD/MM/YYYY)</small>	
Middle Name(s)											
Residential Address											
Personal Phone			Personal Mobile			Work (Direct Line)			Work (Main Line)		
Name of Current Employer					Position						
<input type="text"/>					<input type="text"/>						
Address										<b>Length</b>	
<input type="text"/>										<small>Years</small>	<small>Months</small>
<input type="text"/>										<input type="text"/>	<input type="text"/>



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### Personal Financial Statement (To be completed for limit increases only)

ACCOUNT HOLDER(S) must provide supporting financial information.

Monthly Income	
Primary Account Holder Salary	\$
Joint Account Holder Salary (If Applicable)	\$
Other (Please Specify):	\$
Other (Please Specify):	\$
Other (Please Specify):	\$
Other (Please Specify):	\$
<b>Total Monthly Income</b>	\$

Monthly Expenses	
Rent and/or Mortgage Payments	\$
Loan Payment(s)	\$
Insurance, Taxes	\$
Living Expenses (Utilities, Tuition, Etc.)	\$
Other (Please Specify):	\$
Other (Please Specify):	\$
<b>Total Monthly Expenses</b>	\$

Assets	
Type	Market/Present Value
Cash (Savings, Chequing, CDs, Other, Etc.)	\$
Investments	\$
Personal Property (Vehicles, Jewelry, Etc.)	\$
Real Estate	\$
Other (Specify):	\$
<b>Total Assets</b>	\$

Liabilities	
Type	Present Debt Value
Mortgage(s) Balance	\$
Loan(s) Balance	\$
Credit Cards (Current Balance Owed)	\$
Other (Specify):	\$
Other (Specify):	\$
<b>Total Liabilities</b>	\$

Are you a Guarantor on any loan or mortgage? **Primary Account Holder**  Yes  No **Joint Account Holder**  Yes  No

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

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

I/We certify that to the best of my/our knowledge, information and belief, the information provided in this Credit Card Limit Change Form, along with any supporting documentation in support of my/our request, is true and complete in all material respects.

I/We expressly authorize Clarien Bank Limited and its authorized representatives to contact individuals or entities it deems necessary to verify the correctness and completeness of the information contained in this application, and authorize such individuals or entities to release information to Clarien Bank Limited for that purpose. I/We further consent to the disclosure of this authorization to such individuals or entities as required to verify this authorization.

I/We certify that I/we have read the Clarien Bank Limited Cardholder Agreement, and agree to be bound by those terms and conditions.

Primary Account Holder Signature \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_ Joint Account Holder Signature (if applicable) \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_



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#1	
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### Bank Use Only

APPROVED      New Limit: \$

#### \*Change card type to:

No change     Platinum Retail     Platinum Private     Infinite

#### Approval Conditions or Comments

\*If applicable, has client been advised of increased fees, etc.?     Yes     No

Client Photo ID Type	Photo ID Number
#1	
#2	

DECLINED

#### Provide reason (if applicable)

#### Credit Checks

HSBC     BNTB     BCB     BCS     Poor credit history

Comments:

#### Security (if applicable):

#### Recommendation (with justification if outside guidelines):

Received by:	<input type="text"/>	DD/MM/YYYY
Approved by:	<input type="text"/>	DD/MM/YYYY
Data verified by:	<input type="text"/>	DD/MM/YYYY
Submitted to Primax by:	<input type="text"/>	DD/MM/YYYY