

CIF Number	
#1	
#2	

Select Currency <input type="checkbox"/> BMD <input type="checkbox"/> USD	Requested Credit limit BMD \$ _____	Requested Credit limit USD \$ _____
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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
<input type="checkbox"/> Male <input type="checkbox"/> Female

Date of Birth (DD/MM/YYYY)

Mother's Maiden Name

Country of Birth

Bermudian?
<input type="checkbox"/> Yes <input type="checkbox"/> No

Country of Residence

Residential Address _____

Years at Residential Address	
Years	Months
_____	_____

Mailing Address (if different than above) _____

Residence (tick all that apply)	<input type="checkbox"/> Rent	<input type="checkbox"/> Own (Mortgaged)	<input type="checkbox"/> Own (Mortgage-free)	<input type="checkbox"/> Live with Relatives
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Personal Phone _____

Personal Mobile _____

Work (Direct Line) _____

Work _____

Personal Email _____

Type of Photo ID	_____	Photo ID Number	_____
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Name of Personal Reference	Telephone Number	Years Known?	
		Years	Months
_____	_____	_____	_____

Employment Status
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify): _____

Name of Current Employer	Address
_____	_____

Main Telephone	Position	Length	
		Years	Months
_____	_____	_____	_____

Name of Previous Employer (If at current less than two years)	Address
_____	_____

Main Telephone	Position	Length	
		Years	Months
_____	_____	_____	_____

Do you hold credit cards now?	Issuer Name	Total Limit	Current Balance
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____

Primary Clarien Account

Current holdings inclusive of subsidiaries _____

VISA Infinite Application Form

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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

Auto-Pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Currency	<input type="checkbox"/> BMD <input type="checkbox"/> USD
Auto-Pay Amount (Choose one)			
<input type="checkbox"/> Full Balance		<input type="checkbox"/> Minimum Balance	<input type="checkbox"/> Specified Monthly Amount: \$
Debit from Clarien Account Number:			
<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 Infinite Card, please choose how you wish to receive the cardholder rewards you earn.

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

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Personal Financial Statement

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

Monthly Income		Monthly Expenses	
Primary Applicant Salary	\$	Rent and/or Mortgage Payments	\$
Joint Applicant Salary (If Applicable)	\$	Loan Payments	\$
Other (Please Specify): _____	\$	Insurance, Taxes	\$
Other (Please Specify): _____	\$	Living Expenses (Utilities, Tuition, Etc.)	\$
Other (Please Specify): _____	\$	Other (Please Specify): _____	\$
Other (Please Specify): _____	\$	Other (Please Specify): _____	\$
Total Monthly Income	\$	Total Monthly Expenses	\$

Assets		Liabilities	
Type	Market/Present Value	Type	Present Debt Value
Cash (Savings, Chequing, CDs, Other, Etc.)	\$	Mortgage(s) Balance	\$
Investments	\$	Loan(s) Balance	\$
Personal Property (Vehicles, Jewelry, Etc)	\$	Credit Cards (Current Balance Owed)	\$
Real Estate	\$	Other (Specify):	\$
Other (Specify):	\$	Other (Specify):	\$
Total Assets	\$	Total Liabilities	\$

Are you a Guarantor on any loan or mortgage?	Primary Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Required Supporting Documentation (To be provided in original or certified copy form, or confirmed in place)	For Primary & Joint Applicants	For All Additional Cardholders
	<ul style="list-style-type: none"> Passport 3 Months of Employment and income (e.g. pay stub, 3 month bank statements) Bermuda Work Permit, Residence Certificate or Spousal Letter (if applicable) 3 months of Rent/Mortgage payments (e.g. receipt for payment, signed lease, bank statements) 	<ul style="list-style-type: none"> 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) _____

