

CIF Number:	Loan Application Number:

Personal Loan, Mortgage and Overdraft Application Form

Note: All Loan Applicants must have a Savings/Chequing Account with Clarien Bank that is fully compliant prior to any advance of funds.

Joint Applicant - Personal Information

Mr. Mrs. Ms. Miss Other _____ Please One Individual Applicant Joint Applicant Guarantor Trustee

Last Name _____ First Name _____ Middle Initials _____

Residential Address _____ Parish _____ Postal Code _____ Years at Present Address _____

Mailing Address (if different from above) _____ Parish _____ Postal Code _____ Years at Previous Address _____

Residence: Rent Own Own Free and Clear Live with Relatives _____ Name of Landlord or Mortgage Holder _____ Telephone No. _____

Home Telephone _____ Work Telephone _____ Cell Number _____

Email Address _____ Date of Birth (DD/MM/YYYY) _____ ID Type _____ ID Number _____

Married Single Separated Divorced Widowed No. of Dependents _____ Ages _____

Bermudian: Yes No If No, Nationality _____ Date moved to Bermuda (DD/MM/YYYY) _____

Employment Status: Full Time Part Time Self-Employed Retired Other (please specify): _____

Name of Current Employer _____ Address _____ Start Date (DD/MM/YYYY) _____

Main Telephone _____ Position _____ Years of Employment _____

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

Main Telephone _____ Position _____ Years of Employment _____

Name of Contact (not currently residing with you) _____ Telephone No. _____

Do you have any outstanding debts with Bermuda Credit Association? Yes No
 Do you have any outstanding judgements or are you a defendant in any suits or legal actions? Yes No
 Do you have any obligations as an endorser, co-maker or guarantor? Yes No

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 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 hereby authorize the Bank to communicate via email. Yes No

I/We authorise Clarien Bank Limited to debit the loan payment from my/our account number _____

I/we understand that should this application be successful, I/we may be required to obtain independent legal advice in connection with any legal documentation prepared pursuant to my/our application. I/we accept and acknowledge that I am/we are responsible for any legal fees or associated costs incurred in obtaining such independent legal advice, and that Clarien Bank Limited, nor any of its affiliates, will not be liable for any such fees or costs in any way whatsoever.

Signature of Main Applicant _____ Date (DD/MM/YYYY) _____

Signature of Joint Applicant _____ Date (DD/MM/YYYY) _____

Clarien Bank Limited, through its wholly owned subsidiary companies, is licensed to conduct bank, investments, corporate service provider and trust business by the Bermuda Monetary Authority.
 I have read and understand the terms & conditions, features, functions, rates and fees for this product.

Personal Financial Statement

Please complete all sections. (List Income\Expenses)

Income Statement

Monthly Income

Applicant's Salary (net)	<input type="text"/>
Co-Applicant's Salary (net)	<input type="text"/>
Investment Income	<input type="text"/>
Rental Income	<input type="text"/>
Other Income _____	<input type="text"/>
Bonus _____	<input type="text"/>
Pension	<input type="text"/>
Total Monthly Income	\$ <input type="text"/>

Monthly Commitments

Mortgage	<input type="text"/>
Rent	<input type="text"/>
Church Tithes	<input type="text"/>
Child Maintenance Payments	<input type="text"/>
Installment Payments/Loans:	
Vehicle	<input type="text"/>
Furniture	<input type="text"/>
Personal Loans	<input type="text"/>
Credit Cards	<input type="text"/>
Others Monthly Obligations	
Land Tax	<input type="text"/>
Home Insurance	<input type="text"/>
Vehicle License & Insurance	<input type="text"/>
Life Insurance	<input type="text"/>
Miscellaneous	<input type="text"/>
Total Monthly Expenditures	\$ <input type="text"/>

I/We hereby declare that the information provided herein is true and complete in all material respects and that no information is omitted in relation to any of the items describing my/our income and expenses.

_____	<input type="text"/>
Signature of Main Applicant	Date (DD/MM/YYYY)

_____	<input type="text"/>
Signature of Joint Applicant	Date (DD/MM/YYYY)

For more than two applicants please fill in additional application forms.

Loan application checklist:

- Complete all sections of the application form
- Provide a quote for item(s) from supplier

Proof of:

- 3 months of Employment and income (e.g. pay stub, 3 month bank statements)
- 3 months of Rent/Mortgage payments (e.g. receipt for payment, signed lease, bank statements)

For home purchases/mortgages:

- Details of insurance on existing home, if applicable
- Copy of the sales listing or the purchase & sales agreement

Statement of Net Worth

Current Assets (what I own)

Chequing and Savings Accounts	Balance
# _____	<input type="text"/>
# _____	<input type="text"/>
# _____	<input type="text"/>
Term Deposits	<input type="text"/>
Investments (Provide Statements)	<input type="text"/>
Stocks/Mutual Funds (provide statements)	<input type="text"/>
What I'm Owed _____	<input type="text"/>
Other _____	<input type="text"/>
_____	<input type="text"/>
Total Current Assets	\$ <input type="text"/>

Fixed Assets

	Value
Home Fair Market Value	<input type="text"/>
Real Estate: <input type="checkbox"/> Local	<input type="text"/>
<input type="checkbox"/> Overseas	<input type="text"/>
Vehicle	<input type="text"/>
Household Effects	<input type="text"/>
Other _____	<input type="text"/>
Total Fixed Assets	\$ <input type="text"/>
Total Assets	\$ <input type="text"/>

Liabilities (What I Owe)

Mortgage(s) (Disclose Bank)	Balance
_____	<input type="text"/>
_____	<input type="text"/>
Personal Loans (Disclose Bank)	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>
Credit Cards (Authorized Limit)	
Clarien Bank Limited	<input type="text"/>
Other	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>
Other Debts	<input type="text"/>
_____	<input type="text"/>
Total Liabilities	\$ <input type="text"/>
Net Worth	\$ <input type="text"/>
(Total Assets minus Total Liabilities)	