



VISA Infinite Application Form

BANK USE ONLY

CIF Number

#1

#2

Select Currency

BMD USD

Requested Credit limit BMD

\$

Requested Credit limit 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/MM/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 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?

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

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: <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																						<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"/>
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

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 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	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)

