

|            | BANK USE ONLY |  |  |  |  |
|------------|---------------|--|--|--|--|
| CIF Number |               |  |  |  |  |
| #1         |               |  |  |  |  |
| #2         |               |  |  |  |  |

| Select Card Typ  VISA Platinum            | oe (choose one)  VISA Platinum Private | Select Currency  BMD USD | Requested Cro        | JSD \$                |
|---|--|--------------------------|----------------------|-----------------------|
| \$2,500 minimum                           | \$10,000 minimum                       |                          | ל קואום              | \$ שכני               |
| Davis and Information for D               | ii                                     |                          |                      |                       |
|   | rimary Applicant and Cardholder        |                          |                      |                       |
| Title: Mr. Mrs. Ms.                       | Miss Other                             |                          |                      |                       |
| Last Name                                 |  | First Name               |                      |                       |
| Middle Name(s)                            |  | Maidan ay Dyayiaya Namaa | (a) If a!: -a b.l.   |                       |
| Gender                                    | Date of Birth (DD/MMM/YYYY)            | Maiden or Previous Name  | Mother's Maiden Name |                       |
| ☐ Male ☐ Female                           |  |                          |                      |                       |
| Country                                   | of Birth                               | Bermudian?               | Country of Residence |                       |
|   |  | Yes No                   |                      |                       |
|   |  |                          |                      | Years at Residential  |
| Residential Address                       |  |                          |                      | Address  Years Months |
| Mailing Address (if different than a      | bove)                                  |                          |                      |                       |
| Residence (tick all that apply)           | Rent Own (Mortgaged)                   | Own (Mortgage-free)      | e 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                  | Addre                                  | ss                       |                      |                       |
|   |  |                          |                      |                       |
| Main Telephone                            | Position                               |                          |                      | Length  Years Months  |
|   |  |                          |                      |                       |
| Name of Previous Employer (If a           | t current less than two years) Addre   | ss                       |                      |                       |
|   |  |                          |                      |                       |
| Main Telephone                            | Position                               |                          |                      | Length Years Months   |
|   |  |                          |                      |                       |
| Do you hold credit Issuer Name cards now? | e                                      | Total Limit              | Current Balance      |                       |
| Yes No                                    |  | \$                       | \$                   |                       |
|   |  | \$                       | \$                   |                       |
| Primary Clarien Account                   |  |                          |                      |                       |
| Current holdings inclusive of subsi       | diarios                                |                          |                      |                       |

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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:                          | ☐ Joint Applicant & Secondary ☐ Authorised ☐ Secondary Only         | ☐ Secondary ☐ Authorised  | Authorised  |
|---|---|---|---|
| Title:                                    | ☐ Mr.         ☐ Mrs.         ☐ Ms.           ☐ Miss         ☐ Other | ☐ Mr.         ☐ Mrs.         ☐ Ms.           ☐ Miss         ☐ Other |   |
| First (Given) Name:                       |   |   |   |
| Middle Name(s):                           |   |   |   |
| Last Name:                                |   |   |   |
| Date of Birth:<br>DD/MMM/YYYY             |   |   |   |
| Phone   Mobile:                           |   |   |   |
| Email:                                    |   |   |   |
| Type of Photo ID:                         |   |   |   |
| Photo ID Number:                          |   |   |   |
| Relationship to<br>Primary Cardholder:    |   |   |   |
| Resident in Bermuda?                      | Yes If 'No' where?  | Yes If 'No' where?  | Yes If 'No' where?  |
| Signature(s) of Additional Cardholder(s): |   |   |   |
|   |   |   | C 10 "  |
| Payment Instruction                       |   |   | Card Delivery  All requested cards  |
| Auto-Pay? Currency  Yes BMD  No USD       | Auto-Pay Amount (Choose one)  Full Balance Minimum Balance          | Specified Monthly Amount: \$  | will be issued to the attention of the named Cardholder and sent to the mailing |
|   | Debit from Clarien Account Number:                                  | ☐ Savings ☐ Chequing  | address of the Primary<br>Applicant.  |
| Reward Programme                          | Selection (choose one)  |   |   |
| To get the most from your                 | · VISA Platinum Card, please choose how you wish to i               | receive the cardholder rewards you earn.                            |   |
| Cash Back:                                | Rewards selection will be the same for all ca                       | ardholders.   |   |
|   | For more imormation on <b>visa rewards Pol</b>                      | ints please visit 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   |  | Monthly Expenses   |                                     |  |                   |                    |
| Primary Applicant Salary \$  |  | \$   | Rent and/or Mortgage Payments       |  | \$                |                    |
| Joint Applicant Salary (If App   | licable)   | \$   | Loan Payments                       |  |                   | \$                 |
| Other (Please Specify):  |  | \$   | Insurance, Taxes                    |  | \$                |                    |
| Other (Please Specify):  |  | \$   | Living Expe                         | enses (Utilities, Ti   | uition, Etc.)     | \$                 |
| Other (Please Specify):  |  | \$   | Other (Ple                          | ase Specify):  |                   | \$                 |
| Other (Please Specify):  |  | \$   | Other (Ple                          | ase Specify):  |                   | \$                 |
| Total Monthly Income   |  | \$   | Total Mon                           | thly Expenses  |                   | \$                 |
| Assets   |  |  | Liabilities                         |  |                   |                    |
| Туре   |  | Market/Present Value   | Туре                                |  |                   | Present Debt Value |
| Cash (Savings, Chequing, CDs   | , Other, Etc.)   | \$ Mortgage(   |                                     | ge(s) Balance  |                   | \$                 |
| Investments  |  | \$   | Loan(s) Balance                     |  |                   | \$                 |
| Personal Property (Vehicles, Je  | ewelry, Etc)   | \$   | Credit Cards (Current Balance Owed) |  | ce Owed)          | \$                 |
| Real Estate  |  | \$   | Other (Specify):                    |  |                   | \$                 |
| Other (Specify):   |  | \$   | Other (Specify):                    |  | \$                |                    |
|  | Total Assets   | \$   |                                     |  | Total Liabilities | \$                 |
| Are you a Guarantor on any   | loan or mortgage?  | Primary  | Applicant Ye                        | es 🗌 No  | Joint Applicant   | t 🗌 Yes 🗌 No       |
|  |  |  |                                     |  |                   |                    |
| Required Supporting Documentation (To be provided in original or certified copy form, or confirmed in place) | statements)  Bermuda Work Perr (if applicable)  months of Rent/l | Employment and income (e.g. pay stub, 3 mor<br>)<br>ork Permit, Residence Certificate or Spousal L |                                     | 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)

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|--|---------------------------------|-----------------------------------|-------------------------|
| RUSH CARD Employee (E) Private Banking client (P)  |                                 | Signature                         | DD/MMM/YYYY             |
| APPROVED - Card Type Approved Credit Limit Re  | ceiving Officer:                |                                   |                         |
| ☐ Platinum Retail ☐ Platinum Private   | edit Officer:                   |                                   |                         |
| Approval Conditions or Comments  Da  | ta entered by:                  |                                   |                         |
| Da   | ta 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 ch<br>Use a space (one box) to separate each name and/or initial (i.e. John-Paul E Smith). | aracters including commas, acce | nts, periods, numbers and symbols | . Hyphens are accepted. |
| Primary Cardholder (Applicant)   |                                 |                                   |                         |
|  |                                 |                                   |                         |
| Secondary Cardholder   |                                 |                                   |                         |
|  |                                 |                                   |                         |
| Authorised User #1   |                                 |                                   |                         |
|  |                                 |                                   |                         |
| Authorised User #2   |                                 |                                   |                         |
|  |                                 |                                   |                         |
| Authorised User #3   |                                 |                                   |                         |
|  |                                 |                                   |                         |

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.

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