CLARIEN

BANK USE ONLY

CIF Number #1		CIF Number #2	

VISA Infinite Application Form

Select Currency	Requested Credit Limit BMD	Requested Credit Limit USD
☐ BMD ☐ 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 _____

☐ Male ☐ Female Date of Birth (DD/MMM/YYYY) _____ Mother's Maiden Name _____

Country of Birth _____ Bermudian? ☐ Yes ☐ No Country of Residence _____

Residential Address _____

Mailing Address (if different than above) _____

Residence (tick all that apply)

☐ Rent ☐ Own (Mortgaged) ☐ Own (Mortgage-free) ☐ Live with Relatives Years at Residential Address? ____ Years ____ Months

Phone _____ Mobile _____ Work (Direct Line) _____ Work _____

Personal Email _____

Type of Photo ID _____ Photo ID Number _____

Name of Personal Reference _____ Phone _____ Years known? ____ Years ____ Months

Employment Status ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Retired ☐ Other (Specify) _____

Current Employer _____ Address _____

Phone _____ Position _____ Length ____ Years ____ Months

Previous Employer (if at current less than two years) _____ Address _____

Phone _____ Position _____ Length ____ Years ____ Months

Do you hold any credit cards now? ☐ Yes ☐ No

Issuer Name _____ Total Limit _____ Current Balance _____

Issuer Name _____ Total Limit _____ Current Balance _____

Primary Clarien Account | | | | | | | | | | |

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 ☐ Joint Applicant & Secondary ☐ Authorised ☐ Secondary Only

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other_____

Last Name_____ First Name _____

Middle Name(s) _____ Date of Birth (DD/MMM/YYYY) _____

Phone _____ Mobile_____ Email _____

Type of Photo ID _____ Photo ID Number _____

Relationship to Primary Cardholder _____

Resident of Bermuda? ☐ Yes ☐ No If **No**, where? _____

Signature of Additional Cardholder _____

Cardholder Type ☐ Secondary ☐ Authorised

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other_____

Last Name_____ First Name _____

Middle Name(s) _____ Date of Birth (DD/MMM/YYYY) _____

Phone _____ Mobile _____ Email _____

Type of Photo ID _____ Photo ID Number _____

Relationship to Primary Cardholder _____

Resident of Bermuda? ☐ Yes ☐ No If **No**, where? _____

Signature of Additional Cardholder _____

Cardholder Type ☐ Authorised

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other_____

Last Name _____ First Name _____

Middle Name(s) _____ Date of Birth (DD/MMM/YYYY) _____

Phone _____ Mobile _____ Email _____

Type of Photo ID _____ Photo ID Number _____

Relationship to Primary Cardholder _____

Resident of Bermuda? ☐ Yes ☐ No If **No**, where? _____

Signature of Additional Cardholder _____

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Payment Instructions

Auto-Pay? ☐ Yes ☐ No **Currency** ☐ BMD ☐ USD

Auto-Pay Amount (choose one) ☐ Full Balance ☐ Minimum Balance ☐ Specified Monthly Amount _____

Debit from Clarien Account Number: ☐☐☐☐☐☐☐☐☐☐ ☐ Savings ☐ Chequing

Reward Programme Selection (choose one)

To get the most from your VISA Platinum Card, please choose how you wish to receive the cardholder rewards you earn. Rewards selection will be the same for all cardholders. For more information on **VISA Rewards Points** please visit www.clarienbank.com/rewards

☐ Cash Back ☐ VISA Rewards Points

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.

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 (Specify) _____	$ _____	Insurance, Taxes	$ _____
Other (Specify) _____	$ _____	Living Expenses (Utilities, Tuition, etc.)	$ _____
Other (Specify) _____	$ _____	Other (Specify) _____	$ _____
Total Monthly Income	**$** _____	**Total Monthly Expenses**	**$** _____

Assets	Market/Present Value	**Liabilities**	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

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Required Supporting Documentation (to be provided in original or certified copy form, or confirmed in place)

For Primary & Joint Applicants

Passport

Months of Employment and Income
(e.g. pay stub, three month's 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)

For All Additional Cardholders

Passport or Government issued identification

Confirmation of place of residence, if not ordinarily resident in Bermuda

Declaration

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)

Approved Credit Limit $ _____ Approval Conditions or Comments _____

_____

Receiving Officer (Signature) _____ Date (DD/MMM/YYYY) _____

Credit Officer (Signature) _____ Date (DD/MMM/YYYY) _____

Data entered by (Signature) _____ Date (DD/MMM/YYYY) _____

Data verified by (Signature) _____ Date (DD/MMM/YYYY) _____

Declined (Provide reason (if applicable))

_____

Special Processing Notes

_____

_____

Name as it should appear on the card(s). No nicknames, short names or special characters including commas, accents, periods, numbers and symbols. Hyphens are accepted. Use a space (one box) to separate each name and/or initial (i.e. John-Paul E Smith).

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.