



First Citizens Bank Limited

VISA PURPLE CARD

First Citizens

APPLICATION FORM

BRANCH				DATE			
NAME <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <i>(in full)</i>				DATE OF BIRTH		MARITAL STATUS	
First		Middle		Surname		No. of Dependents	
				Day		Spouse's Name	
				Month		Spouse's Employers	
				Year			
ID No./PP No./DP No.				(identification required and copied)			
MOTHER'S MAIDEN NAME							
RESIDENTIAL STATUS				<input type="checkbox"/> Owner		<input type="checkbox"/> Tenant	
				<input type="checkbox"/> With Parents		<input type="checkbox"/> Other	
HOME ADDRESS <i>(Proof required)</i>				YEARS AT PRESENT ADDRESS			
				EMAIL			
				TEL. NO.			
PREVIOUS ADDRESS <i>(If less than 3 years)</i>							
NAME & ADDRESS OF EMPLOYER				TEL. NO.			
NAME & ADDRESS OF LANDLORD OR MORTGAGE HOLDER							
REFERENCE <i>(Relative or friend not living at your address)</i> NAME, ADDRESS AND TEL. NO.							
				RELATIONSHIP			
OCCUPATION (Confirmation to be provided)				TIME IN JOB <i>(Years)</i>			
IF LESS THAN 3 YEARS, NAME, ADDRESS & TEL. NO. OF PREVIOUS EMPLOYER							
SALARY (Recent payslip to be produced)				Customer to initial his/her chosen options below.			
IS YOUR SALARY ALREADY ASSIGNED? YES/NO (If yes, to whom)				MONTHLY PAYMENT: From Acct. No. _____ Minimum <input type="checkbox"/> Full <input type="checkbox"/>			
CAN IT BE ASSIGNED TO THIS OFFICE? YES/NO				MONTHLY CONTRIBUTION: \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/>			
INCOME		EXPENDITURE		BANKING INFORMATION			
\$		\$		Tick A - Applicant		B - Co-applicant	
Gross Salary		Insurance Premiums		A	B	Name of Bank	Branch
Partner's Income <i>(if appropriate)</i>		Mortgage/Rent					Type of Account No.
Other Income <i>(Details/evidence to be provided)</i>		Income Tax, N.I.S.					Balance
		Pension & Health					
		Credit Union/Loan Payments					
		Food, housekeeping etc.					
		Travel					
		Vehicle Maintenance					
		(gas, oil, tyres, insurance)					
		Utilities, gas, electricity, telephone					
		Other Payments					
		SUBTOTAL		LENGTH OF BANKING RELATIONSHIP WITH FIRST CITIZENS _____ YRS			
		\$ _____		OTHER CREDIT CARDS HELD BY YOU			
		SURPLUS		Republic		Scotia	
		\$ _____		<input type="checkbox"/>		<input type="checkbox"/>	
TOTAL		TOTAL		RBC		Other	
\$ _____		\$ _____		<input type="checkbox"/>		<input type="checkbox"/>	
ASSETS		LIABILITIES		\$			
\$		\$					
Deposits		Mortgage					
Credit Union Shares		Bank Loan/Overdrafts					
Life Insurance C.S.V.		Insurance Policy Loans					
Real Estate		Hire Purchase					
Vehicles		Credit Union Loans					
Other		Other					
TOTAL		TOTAL		\$ _____			
\$ _____		\$ _____					

VISA CARD APPLICATION FORM (Continued)

I/We confirm that I/we have signed the appropriate copy of the Credit Card Agreement, acknowledging the terms for operating the Account.

I/WE AGREE TO THE FOLLOWING:-

1. All information given herein is true, accurate, and complete to the best of my/our knowledge, and was provided for the purpose of obtaining a Credit Card. I/ We confirm that I am/we are not being sued, that there is no unsatisfied judgement outstanding against me/us, and that I am/we are not indebted to any other lending institution except as shown in this application.
2. Whilst I/we have the Account I/we will not seek a loan elsewhere without first informing the Bank.
3. This form will remain the property of the bank whether or not the application is approved.
4. "I/We, authorize and consent to the Bank obtaining further information on my/our credit and employment history from any financial institution, credit bureau or any other person/corporation with whom I/we may have had dealings with from time to time and any such source is hereby authorized to provide the Bank with the requested information. You are authorized to disclose to any Credit Bureau and other credit grantors any information about my/our credit history. I/ We jointly and severally agree to indemnify you against any loss, claims, damages, liabilities, actions and proceedings; legal and or other expense which may be directly or reasonably incurred as a consequence of such disclosure on your part."
5. The Bank has my/our authority to debit my/our Account for the minimum monthly payments.
6. The Bank has my/our authority to debit my/our VISA PURPLE credit card account, once approved, for the sum indicated on the reverse side of this page.

SIGNED THIS _____ DAY OF _____ 20____

BANK WITNESS _____ APPLICANT'S SIGNATURE (1) _____

Do not write below this line **(For Bank use only)**

APPLICATION REFERENCE NO. _____

CHECKS MADE INTERNALLY _____

OUTSIDE CREDIT CHECK REQUIRED (Comments attached) _____

SECURITY	REQUIRED	LENDING VALUE	SATISFIED
Promisory Note
Mortgage
Life Insurance
Fire Insurance
Vehicle Insurance
Guarantee
Mortgage Bill of Sale
Fixed Deposits
Other

I confirm that I have personally checked the form, the identification/ confirmations required, and have Credit Scored it. The Account is approved within the current guidelines.

I confirm that I have personally checked the Credit score, and confirm that it is within the current guidelines. I have satisfied myself that all the conditions required have been met, and I have therefore approved the issue of the Card.

AMOUNT APPROVED TT\$ _____

CREDIT OFFICER _____

CREDIT/APPROVING OFFICER _____

DATE _____