



Bank of The Bahamas LIMITED

CREDIT CARD APPLICATION

Credit Product :  **VISA CLASSIC CARD**
  **VISA GOLD CARD**

Requested Credit Limit: \$ _____

SECTION 1 › APPLICANT INFORMATION

Mr. Mrs. Ms. Miss Full Name: _____
 Date of Birth (dd/mm/yy): ____/____/____ Passport #: _____ Expiration Date:(dd/mm/yy):____/____/____
 Nat'l Insurance #: _____ Marital Status: Single Married Divorced Separated Widow(er)
 No. of dependants: _____ Phone Contacts: Home #: _____ Cell #: _____
 Email Address: _____ P.O.BOX: _____
 Residential Status: Homeowner Rent Other: _____ Years at Current Address: _____
 Street Address: _____
 Employed: Full Time Part-time Contract Self-Employed Other: _____ Years Employed: _____
 Employer/Business Name: _____ Occupation: _____
 Employer Address: _____ Employer Phone #: _____
 Previous Employer Name: _____ Years Previously Employed: _____
(IF LESS THAN THREE (3) YEARS WITH CURRENT EMPLOYER)
 Prev. Employer Address: _____ Prev. Employer Phone #: _____
Reference 1: _____ **Reference 2:** _____
 Phone Contact: _____ Phone Contact: _____

SECTION 2 › CO-APPLICANT INFORMATION (IF APPLICABLE)

Mr. Mrs. Ms. Miss Full Name: _____
 Date of Birth (dd/mm/yy): ____/____/____ Passport #: _____ Expiration Date:(dd/mm/yy):____/____/____
 Nat'l Insurance #: _____ Marital Status: Single Married Divorced Separated Widow(er)
 No. of dependants: _____ Phone Contacts: Home #: _____ Cell #: _____
 Email Address: _____ P.O.BOX: _____
 Residential Status: Homeowner Rent Other: _____ Years at Current Address: _____
 Street Address: _____
 Employed: Full Time Part-time Contract Self-Employed Other: _____ Years Employed: _____
 Employer/Business Name: _____ Occupation: _____
 Employer Address: _____ Employer Phone #: _____
 Previous Employer Name: _____ Years Previously Employed: _____
(IF LESS THAN THREE (3) YEARS WITH CURRENT EMPLOYER)
 Prev. Employer Address: _____ Prev. Employer Phone #: _____
Reference 1: _____ **Reference 2:** _____
 Phone Contact: _____ Phone Contact: _____

SECTION 3 › ADDITIONAL CARDHOLDER INFORMATION

Additional Cardholder 1

Mr. Mrs. Ms. Miss Full Name: _____
 Date of Birth (dd/mm/yy): ____/____/____ Passport/Nat'l ID #: _____ Nat'l Insurance #: _____
 Phone Contacts: Home #: _____ Cell #: _____

SECTION 1 - APPLICANT INFORMATION

Additional Cardholder 2.

Mr. Mrs. Ms. Miss Full Name: _____
 Date of Birth (dd/mm/yy): ____/____/____ Passport/Nat'l ID #: _____ Nat'l Insurance #: _____
 Phone Contacts: Home #: _____ Cell #: _____

SECTION 4 › AUTOMATIC PAYMENT INFORMATION

I/We approve monthly deducted payments credited to this Credit Card account from my/our bank account as per info. provided below.

Approved Monthly Payment Terms: Full Balance Payment Minimum Payment Fixed Payment : \$ _____
 Account to Debit: _____ Account Type: Savings Chequing Other: _____
 Applicant Signature: _____ Co-Applicant Signature: _____

SECTION 5 › APPLICANT FINANCIAL INFORMATION

Monthly Employment Income: \$ _____ Other Income: \$ _____ Source: _____

Are you a BOB Customer? Yes Account #: _____ Balance: \$ _____

No Account #: _____ Balance: \$ _____ Bank: _____

Account #: _____ Balance: \$ _____ Bank: _____

Assets: Property Value: \$ _____ Car Value: \$ _____ Investments/Stock Value: \$ _____

Savings/Deposit Account: \$ _____ Other Assets Value: \$ _____

Is fixed deposit pledged? Yes No If yes, balance: \$ _____

Liabilities: Other Credit Cards? Yes No

Credit Card Limit: \$ _____ Credit Card Balance: \$ _____ Lender: _____

Credit Card Limit: \$ _____ Credit Card Balance: \$ _____ Lender: _____

Mortgage Curr. Balance: \$ _____ Mortgage Mthly Pymt: \$ _____ Lender: _____

Initial Personal Loan: \$ _____ Curr. Balance: \$ _____ Mthly Pymt: \$ _____ Lender: _____

Initial Auto Loan: \$ _____ Curr. Balance: \$ _____ Mthly Pymt: \$ _____ Lender: _____

Rent Mthly Pymt \$ _____ Credit Card Mthly Pymt: \$ _____ Other Liabilities: \$ _____

Total Assets: \$ _____ **Total Liabilities: \$** _____

SECTION 6 › CO-APPLICANT FINANCIAL INFORMATION (IF APPLICABLE)

Monthly Employment Income: \$ _____ Other Income: \$ _____ Source: _____

Are you a BOB Customer? Yes Account #: _____ Balance: \$ _____

No Account #: _____ Balance: \$ _____ Bank: _____

Account #: _____ Balance: \$ _____ Bank: _____

Assets: Property Value: \$ _____ Car Value: \$ _____ Investments/Stock Value: \$ _____

Savings/Deposit Account: \$ _____ Other Assets Value: \$ _____

Is fixed deposit pledged? Yes No If yes, balance: \$ _____

Liabilities: Other Credit Cards? Yes No

Credit Card Limit: \$ _____ Credit Card Balance: \$ _____ Lender: _____

Credit Card Limit: \$ _____ Credit Card Balance: \$ _____ Lender: _____

Mortgage Curr. Balance: \$ _____ Mortgage Mthly Pymt: \$ _____ Lender: _____

Initial Personal Loan: \$ _____ Curr. Balance: \$ _____ Mthly Pymt: \$ _____ Lender: _____

Initial Auto Loan: \$ _____ Curr. Balance: \$ _____ Mthly Pymt: \$ _____ Lender: _____

Rent Mthly Pymt \$ _____ Credit Card Mthly Pymt: \$ _____ Other Liabilities: \$ _____

Total Assets: \$ _____ **Total Liabilities: \$** _____

SECTION 7 › APPLICANT/CO-APPLICANT SIGNATURES

Applicant Signature: _____ Date(dd/mm/yy): _____/_____/_____

Co-Applicant Signature: _____ Date(dd/mm/yy): _____/_____/_____

I/We hereby certify the above information to be true and complete. If, in the event that this application is accepted by Bank of The Bahamas Limited I/We authorize and consent to the bank obtaining further information about me/us and checking information that I/We have given here and exchanging information about me/us with other parties. I/We authorize the bank to debit my/our account with the amount of the annual fees in effect from time to time for the card. I/We also agree to be bound by Bank of The Bahamas Terms and conditions that are set out on the final page of this application.

BANK USE ONLY

Total Monthly Payments: \$ _____ Net Worth: \$ _____ TDSR%: _____

Credit Score: _____ Approved Limit: \$ _____ Secured Unsecured

Promotional Campaign: _____ Collateral/Security: \$ _____

Approval signature: _____ Date(dd/mm/yy): _____/_____/_____

CARD CENTER USE ONLY

Card Center Manager Approval Signature : _____ Date(dd/mm/yy): _____/_____/_____

Credit Card #: _____

Additional Credit Card 1#: _____

Additional Credit Card 2#: _____

Input by: _____ Authorized by: _____

Date(dd/mm/yy): _____/_____/_____

Date(dd/mm/yy): _____/_____/_____