

## **Retail Loan and Credit Card Application**

Reset Form

				L	.oan	Credit Card	Loan & C	redit Card
		P	ersonal Info	rmation				
Name			Addr	ess				Years
D.O.B.	_ Age	Э Туре	ID N	Number		Tel. N	lo	
Cell Number		Email Address				Education		
Citizenship		Marital Status		 Dependents				
Housing	Is yo	our home mortgag	jed? Wl	hich instituti	on:			
Employment Information								
Employer			Address				Tel. No	
Occupation		Position			Y	'ears		
Previous Employer		Ao	ddress			Tel. No		Years
Spouse Personal Information								
Name			Tel	l. No		D.O.	В	
			Loan Det	tails				
Type \( \text{Personal} \)	○ Vehicle	Loan Amoun	nt		Proces	sing Branch		
Purpose								
			Monthly B	udget				
Salary/ Income		her Income/ Allowances		Details of	Other Inc	come		
Expenses							Tot	als
Income Tax	Loan Payment(s	)N	Micro Finance Service			Income		
Social Security	Courts		Child Support/Alimony			Expenses		
Credit Card(s)	Credit Unions		Mortgage		Other Banks		Net Income	
Rent	Insurance	S P	ension		Other _			
Water	Electricity	T	ransportatior	າ	Phone —			
Food	Education	P	ersonal Effec	ts		_		
Cable/ Internet	Entertainn —	nent 						

Statement of Affairs							
Assets Cash &	Description (if needed)	\$	<b>Liabilities</b> Mortgage	Description (if ne	eded)	\$	
Banks Real Estate			Residential Loan Personal Loans				
Furniture			Credit Cards				
& Fixtures Motor Vehicles			Other				
Other			<b>Total Liabilities</b>				
			Net Worth				
Total Assets			Total Liabilities & Net Worth				
		Personal R	eferences				
Reference							
Name		Address _			Tel. No.		
Relation							
Reference							
Name		Address _			Tel. No.		
Relation		_					
Are you app	lying for a Joint Loan? Spouse						
N. a. a. a.	Joint Appil		ntormation (Sp	ouse or Other)	V		
Name  Citizenship	ID Type	Address	ID Number		Years —		
Education	1D Type	Email Address	ID Number _		Tel. No.		
Occupation	Joint Applica Positio		Information (	Spouse or Other)			
Employer Na		Address		Tel No		Years	
Joint Applicant Monthly Budget (Spouse or Other)							
Salary/ Income	Other Income Allowances	e/		ther Income			
Expenses						Totals	
income Tax ——	Payment(s)	Micro Finar	nce Service		Income		
Social Security	Courts	Child Suppo	ort/Alimony		Expenses		
Credit Card(s)	Credit Unions	Mortgage ——		Other Banks	Net Income		
Rent	Insurances	Pension		Other			
Water	Electricity	Transportati ——	ion	Phone			

<b>Expenses C</b>	ontinued				
Food	Education	Personal Effects	Entert 	ainment	Cable/ Internet
	Joint A	Applicant Statem	ent of Affairs (Sp	oouse or Other)	
Assets	Description (if needed)	\$	Liabilities	Description (if needed	\$
Cash & Banks			Mortgage Residential Loan		_
Real Estate			Personal Loans		
Furniture & Fixtures			Credit Cards		
Motor Vehicles			Other		
Other			<b>Total Liabilities</b>		
			Net Worth		
Total Assets	_		Total Liabilities  & Net Worth		
		Credit Ca	ard Details		
	Card Type:			☐ Classic ☐ Gold	
Name to Ap	ppear	_	Credit Limit Request	red (USD)	Payment Due Date
		Additio	onal Card		
Last Name	2	First Name		Middle Initia	I
Gender		D.O.B		Marital Statu	s
ID Type		ID Number		Expiration Da	te
Citizenship	)	Tel. No.		Cell Number	
Home Add	dress			Occupation	
Email Add	Iress				
		Additional	Card Details		
Name to A	Appear on Card			Limit	_
		Credit Card Aut	to-Debit Enrollm	ent	
Account Nu	ımber:				
Payment Ty	/pe: Full Payment	Minimum Paymer	nt Specific Ar	mount: BZD	USD
Currency:	BZD USD	Both (BZD & USI	D)		
Frequency:	Due Date Speci	fic Date Frequenc	y Day		
Start Date:					

## **Credit Card Auto Debit Applicant Acceptance**

I hereby authorize Atlantic Bank Limited to automatically debit my account for credit card payments as per the details provided above. I understand this authorization will remain in effect until revoked in writing. I also understand that, if revoked, such revocation may not be implemented immediately but shall be done according to the bank's internal processes. I understand the bank may make up to three (3) debit attempts per billing cycle in case of failure. The foregoing notwithstanding, I acknowledge that it is my responsibility to ensure that the Account has sufficient funds and that the Bank is under no obligation to notify me in the event of an inability to pay any balance for insufficient funds.

Ann	licant	Acco	ptance
App.	IICalic	<b>MCCE</b>	plance

I hereby certify that the information in this application is true and correct. I authorize you to obtain the information about this application from my employer or any other person you may deem necessary. It is understood that this information will be kept in your files whether or not the loan is granted. If any event should occur that would alter the information in this application, I will notify you immediately. Should your application be approved, I will inform you of the steps necessary to finalize the process and obtain signatures.

Primary Applicant Signature	 Date	
Joint Applicant Signature	Date	
	-	