

VISA Credit Card Application Form



Please write in block letters to complete form.

PERSONAL DETAILS

Title: Mr. Mrs. Ms. Dr.
 Marital Status: Single Married Other
 Gender: M F
 Last Name: _____
 First Name: _____
 Other Names: _____
 Date of Birth (dd/mm/yy): ____/____/____
 Nationality: _____ ID# _____
 Billing Address: _____

 Length of time at address: ____ Years
 Mailing Address (if different): _____

 Email Address: _____
 Contact #: (H) _____ (W) _____ (M) _____
 Residential Status: Own Rent Live with Parents Other
 Number of Dependents: _____
 Next of Kin Name: _____
 Contact #: (H) _____ (W) _____ (M) _____
 Address: _____

FINANCIAL INFORMATION

Monthly Income: \$ _____ Other Income Sources: \$ _____
 Personal Expenses (utilities, entertainment, groceries etc.): \$ _____
 Primary Bank Name: _____
 Location: _____

Assets	Value
Cash	_____
Fixed Deposit(s)	_____
Investment(s)	_____
Life Insurance	_____
Properties/Real Estate	_____
Vehicle(s)	_____
Credit Union Shares	_____
Other (Specify) _____	_____

Liabilities	Outstanding Balance	Monthly Payments
Mortgage/Rent	_____	_____
Bank Loan	_____	_____
Credit Card(s)	_____	_____
Credit Union Loans	_____	_____
Hire Purchase	_____	_____
Other (Specify) _____	_____	_____

Employment Details

Full Time Part-Time Rent Self-Employed Retired
 Occupation _____
 Name of Employer: _____
 Employer's Address: _____

Transferring Your Balance

Issuing Bank/Financial Institution: _____
 Name Printed on Card: _____
 Account Number: _____
 Balance on Card: _____

Additional Cardholder Information

Last Name: _____
 First Name: _____
 Other Names: _____
 Date of Birth (dd/mm/yy): ____/____/____
 Nationality: _____ ID# _____
 Contact #: (H) _____ (W) _____ (M) _____
 Address: _____

Creditor Life Insurance

I accept the Creditor Life Insurance Policy, which allows for repayment of any outstanding balances inclusive of accrued interest (to a maximum of BDS\$15,000 on my death, acknowledging that I am subject to the participation requirements and clauses. I accept that monthly premiums will be debited to my credit card account which should be kept up to date to avoid cancellation of the policy and repayable with the monthly minimum payment on my balance.

Initials of Primary Cardholder: _____ Date: _____

SIGNATURES

I, _____, the PRIMARY cardholder, agree to the terms and conditions of the cardholder Agreement and promise to repay all credit extended to me pursuant to this application. I consent to your exchanging of information with other parties concerning my credit history, income and/or employment. I certify everything I have stated is correct to the best of my knowledge.

 Primary Cardholder Signature Date

 Additional Cardholder Signature Date

EMBOSSING INFORMATION

Kindly print your name exactly as you would like it to appear on your Credit Card.

Primary Cardholder Name: _____

Additional Cardholder Name: _____

BARP Members ONLY

BARP Membership Number: _____

Expiration Date: _____