



GENERAL REQUIREMENTS FOR PERSONAL MORTGAGE APPLICATIONS

1. Completed Personal Mortgage Application and Individual Self-Certification form including Statement of Affairs/Financial Statements. Applications submitted via courier or mail must be originals and signature/documents must be notarised.
2. Verification of employment and net income.
Note: For non-residents, we also require two years Tax Returns together with a recent credit bureau report – preferably from Equifax.
3. A photocopy of a current Work Permit (if applicable for residents).
4. If you own a company or a controlling interest in a company, we require the company's financial statements for the past two years.
Note: For non-residents, we also require two years Tax Returns for the company.
5. Copy of signed offer to purchase indicating purchase price, closing date, whether total costs include stamp duty, legal and application fees.
6. Verification of source of down payment and closing costs – i.e. bank and/or investment statement showing funds available.
7. For construction mortgages we require the following:
 - A contractor's estimate
 - A copy of the Cayman Islands Government approved Building Permit (Red Card)
 - A copy of the approved house plan
8. The Bank will appoint one of the following valuation companies regarding the purchase or construction of your residential/Investment property.

Grand Cayman	Cayman Brac & Little Cayman
• BCQS Limited • Blue Point Consultants Ltd. • Bould Consulting Ltd • Charterland Limited Chartered Surveyors Property Consultants • DDL Quality Surveyors • Integra Realty Resources - Caribbean • JEC Property Consultants Ltd. • KastleCay Ltd. • Paul Key Valuers • PLUM Limited Valuers • Quayside Surveyors	• Mark Knowlton • Moses Kirkconnell
9. Life Insurance on the life of each borrower for at least the amount of the mortgage, with policy(s) assigned to and held by the bank.
10. Fire and hurricane insurance if not covered under the strata/homeowners association.
11. A commitment fee of 1% of the borrowing amount is due upon acceptance of our Letter of Offer.
12. Photo Identification : A passport, national identity card or other government-issued identification, such as a driver's license, which includes a photograph, signature and your date of birth, (If you are a Cayman Islands citizen or Status Holder, you may substitute a driver's license). Identification documentation must be in colour and conform to the Bank's guidelines for size, (Passport 129% and Driver's Licenses 155%)
13. Address confirmation – utility bill, credit card statement, bank statement or bank reference confirming residential address; one is acceptable, if applying in person; two are required and are to be notarised, if applying by mail.



NEW CUSTOMERS

14. One of the following forms of address confirmation:

- A recent (i.e. within 3 months) original and complete utility bill which indicates your residential address (and not P.O. Box number)
- A recent (i.e. within 3 months) original and complete major credit card statement (Amex, Visa, Mastercard or Diners Club) which indicates your residential address (and not P.O. Box number)
- A bank reference that lists the residential address (and not P.O. Box number) of the applicant

15. Bank Reference – covering a minimum of three years, stating the average balance for the past year, how the account has been conducted and recommendation of customer. The letter should be on the Bank's letterhead and addressed to:

The Manager
Cayman National Bank
P.O. Box 1097
Grand Cayman KY1-1102
CAYMAN ISLANDS

NOTE: For accounts opened in Little Cayman or Cayman Brac, mail to:

The Manager
Cayman National Bank
P.O. Box 88
Cayman Brac KY2-2001
CAYMAN ISLANDS

In the event the relationship is for less than three years, then

- Provide a second reference (relationship should be of at least two years) or,
- A professional or character reference

(Faxed references must state that the original will be mailed to Cayman National Bank).

16. If you are a non-resident, you will need to add the following documents to those indicated above.

- A second form of identification, both forms of identification you provide must be notarised by a notary public, or certified by a bank, accountant, lawyer or member of the judiciary or senior civil servant. If certified, we request that the certifier signs the copy of the document, prints his/her name clearly underneath, included his/her position or capacity together with a contact address and telephone number

A second form of address confirmation. One of the following:

- A recent (i.e. within 3 months) original and complete utility bill recent (i.e. within 3 months) original and complete major credit card statement (Amex, Visa, Mastercard or Diners Club) which indicates your residential address (and not P.O. Box number)
- A bank reference that lists the residential address (not the P.O. box number) of the applicant.

Both confirmations of address must be either originals or be notarised by a notary public, or certified by a bank, accountant, lawyer or member of the judiciary or senior civil servant. If certified, the certifier should sign the copy document, printing his/her name clearly indicate his/her position or capacity on it together with a contact address and telephone number.



CUSTOMER INFORMATION

Dr. ☐	Mr. ☐	Mrs. ☐	Ms. ☐	Surname		First Name	
Middle Initial		Alias (if any)				Maiden Name (if applicable)	
Date of Birth dd / mm / yyyy		ID Provided	Passport ☐	Driver's License ☐	ID Number		
ID Issue Date dd / mm / yyyy		Expiry Date dd / mm / yyyy		Nationality		Work Permit Expiry Date dd / mm / yyyy	
Mailing Address							
Physical Address						Years at Address	
Rent ☐	Own ☐	Mortgaged to					Balance Owning \$
Previous Address (If Less Than 3 Years)							
Home Phone			Work Phone			Cell Phone	
Fax Number			Email				
Marital Status	Single ☐	Married ☐	Divorced ☐	Widowed ☐	Spouse's Name (if applicable)		Number of Dependents (including spouse)

CUSTOMER'S EMPLOYMENT INFORMATION

Self-Employed* ☐	Not Self-Employed ☐	Employer/Business	
Employer's/ Business Address			
Applicant's Job Title			Length of Service
Phone Number		Fax Number	Email
Previous Employer (If Less Than 3 Years)			Length of Service
* If self-employed, fill in the fields for your own business.			

CO-APPLICANT/SPOUSE'S INFORMATION (If Applicable)

Dr. ☐	Mr. ☐	Mrs. ☐	Ms. ☐	Surname		First Name	
Middle Initial		Alias (if any)				Maiden Name (if applicable)	
Date of Birth dd / mm / yyyy		ID Provided	Passport ☐	Driver's License ☐	ID Number		
ID Issue Date dd / mm / yyyy		Expiry Date dd / mm / yyyy		Nationality		Work Permit Expiry Date dd / mm / yyyy	
Mailing Address							
Home Phone			Work Phone			Cell Phone	
Fax Number			Email				
Employer						Length of Service	
Position Held							
Previous Employer (If Less Than 3 Years)						Length of Service	



BANKING INFORMATION

Name of Primary Banker																									
Accounts Held With Primary Banker								Chequing ☐		Savings ☐		Term Deposit ☐		Loan ☐		Credit Card ☐		Number of Years With Primary Banker							
If accounts are held with Cayman National Bank, List Account Numbers:																									
Do you have any other business with Cayman National Corporation?												Trust ☐		Securities ☐											
Does your employer pay salary directly to the bank?								Yes ☐		No ☐		Frequency of Payments													
Have you had a loan with any bank before?								Yes ☐		No ☐		Details													
Credit Cards		MasterCard ☐		Visa ☐		American Express ☐		Other ☐		(please specify)															

MORTGAGE DETAILS

Purpose of Loan				
USD ☐	KYD ☐	Amount Applied For \$	Borrower's Contribution \$	Purchase Price \$
Security Offered				Security Value \$

PERSONAL REFERENCES

NAME	ADDRESS	TELEPHONE NUMBER



STATEMENT OF AFFAIRS

(please check) USD ☐ KYD ☐

MONTHLY INCOME	(RECEIPTS)	MONTHLY EXPENDITURE	(PAYMENTS)	FOR BANK USE ONLY
Applicant's Income	\$	Rent/Mortgage Payments	\$	
Co-Applicant's Income	\$	Other Loan Payments	\$	
Overtime Payments	\$	Credit Union Payments	\$	
Bonus, Commissions, etc.	\$	Credit Card Payments	\$	
Pensions, Annuities	\$	Insurance, Medical, Pension	\$	
Rental Income	\$	Education, Childcare, etc.	\$	
Investments (Dividends)	\$	Food	\$	
Other (Details)	\$	Utilities	\$	
	\$	Vehicle Expense	\$	
	\$	Entertainment, Clothing	\$	
	\$	Other (Helper, Tithes, etc.)	\$	
	\$	Strata, Monthly Insurance	\$	
Total Monthly Income	\$	Total Monthly Expenses	\$	Total \$
Disposable Income	Income – Expenses =	\$		

ASSETS (PROPERTY OR VALUE OWNED)

LIABILITIES (AMOUNTS OWED)

Bank Balances (C/A + S/A + TD)	\$	Loans Outstanding	\$
Securities (List Below)	\$	Mortgages Outstanding	\$
Motor Vehicles (List Below)	\$	Overdrafts	\$
Real Estate (List Below)	\$	Creditors	\$
Household Effects	\$	Credit Card Balance Outstanding	\$
Debtors	\$	Guarantees	\$
Investments	\$	Other Debts	\$
Other Assets	\$		\$
Total Assets	\$	Total Liabilities	\$
Estimated Net Worth	Assets – Liabilities =	\$	

DETAILS OF FINANCIAL INFORMATION

Have you ever applied for Bankruptcy? Yes ☐ No ☐ If yes, when?

PROPERTY HELD

 (please check) USD ☐ KYD ☐

DESCRIPTION & REGISTRATION #	ADDRESS	MARKET VALUE	AMOUNT INSURED	MORTGAGED TO	BALANCE OWED
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$

CARS & MACHINERY HELD

 (please check) USD ☐ KYD ☐

YEAR	MAKE & MODEL	CURRENT VALUE
		\$
		\$
		\$

INVESTMENTS HELD

 (please check) USD ☐ KYD ☐

NUMBER OF SHARES	DESCRIPTION	MARKET VALUE
		\$
		\$
		\$

BACKGROUND INFORMATION

Have you or your co-applicant(s) ever been arrested, charged or convicted of any criminal offences?	Yes ☐	No ☐	Date	dd / mm / yyyy
Nature of Offense				
Verdict & Sentence (if any)				

AGREEMENT

As a condition of this application, and as an on-going condition if any loan is granted, Cayman National Bank (Hereinafter "Cayman National") may at any time obtain information about me/us from any credit bureau, any other financial institution, or any other person in connection with any of my/our business with Cayman National. Similarly, Cayman National may disclose information about my/our credit history with Cayman National to any credit bureau, any financial institution, or to any person whom I have or propose to have financial business, and may disclose such information to any other person if Cayman National believes that it is lawfully required to do so. A misrepresentation of information or omission of outstanding liabilities can result in this application being declined.

I hereby confirm that the information in this application is true and correct to the best of my knowledge.

Applicant's Signature	Date	dd / mm / yyyy
Co-Applicant's Signature	Date	dd / mm / yyyy

**BANK USE ONLY**

Date of Application	Mr. ☐	Mrs. ☐	Ms. ☐	Surname	Other Names
Co-Applicants Name					Credit Checks Dated
Bank					
Loan/Credit Card					
Purpose					
Original Amount					
Balance					
Date Opened					
Expiration Date					
Payments Amount					
Security Held					
History					
Amount			Repayment		
Rate			D/S		
Security Proposed					
Comments					
Recommended By					
Approved ☐	Declined ☐	Approved/Declined By			



CAYMAN NATIONAL

A Subsidiary of Republic Financial Holdings Limited

Individual Self-Certification

FOR BANK USE ONLY

RIM #

Instructions for completion

We are obliged under the Tax Information Authority Law, the Regulations, and Guidance Notes made pursuant to that Law, and treaties and intergovernmental agreements entered into by the Cayman Islands in relation to the automatic exchange of information for tax matters (collectively "AEOI"), to collect certain information about each account holder's tax status. Please complete the sections below as directed and provide any additional information that is requested. Please note that we may be obliged to share this information with relevant tax authorities. Terms referenced in this Form shall have the same meaning as applicable under the relevant Cayman Islands Regulations, Guidance Notes or international agreements.

If any of the information below regarding your tax residence or AEOI classification changes in the future, please ensure you advise us of these changes promptly. If you have any questions about how to complete this form, please refer to accompanying guidelines for completion or contact your tax advisor.

Please note that where there are joint account holders each investor is required to complete a separate Self-Certification form.

SECTION 1: ACCOUNT HOLDER IDENTIFICATION

Please write in BLOCK CAPITALS.

Account Holder Name

Date of Birth dd / mm / yyyy

Place (City/Town) and Country of Birth

Permanent Residence Address Number & Street

City/Town

State/Province/County

Postal Code

Country

Mailing Address (if different from above)

City/Town

State/Province/County

Postal Code

Country

SECTION 2: DECLARATION OF U.S. CITIZENSHIP OR U.S. RESIDENCE FOR TAX PURPOSES

Please tick either (a) or (b) or (c) and complete as appropriate.

- ☐ (a) I confirm that **I am** a U.S. citizen and/or resident in the U.S. for tax purposes (green card holder or resident under the substantial presence test) and my U.S. federal taxpayer identifying number (U.S. TIN) is as follows:
- ☐ (b) I confirm that I was born in the U.S. (or a U.S. territory) but am no longer a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.
- ☐ (c) I confirm that **I am not** a U.S. citizen or resident in the U.S. for tax purposes.

SECTION 3: DECLARATION OF TAX RESIDENCY (OTHER THAN U.S.)

Complete section 3 if you have non-U.S. tax residences.

I hereby confirm that I am, for tax purposes, resident in the following countries (indicate the tax reference number type and number applicable in each country).

COUNTRY/COUNTRIES OF TAX RESIDENCY

TAX REFERENCE NUMBER TYPE

TAX REFERENCE NUMBER

Please indicate not applicable if jurisdiction does not issue or you are unable to procure a tax reference number or functional equivalent. If applicable, please specify the reason for non-availability of a tax reference number:

AGREEMENT

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities.

Signature

Print Name

Date

dd / mm / yyyy