

GENERAL REQUIREMENTS FOR PERSONAL LOAN APPLICATIONS

1. Completed Personal Loan Application including Statement of Affairs/Financial Statements.
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 photo copy 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. The Bank will appoint one of the following valuation companies regarding the purchase or construction of your residential/investment property.

Grand Cayman

- BCQS Limited
- Blue Point Consultants Ltd
- Bould Consulting Ltd
- Charterland Limited Chartered Surveyors Property Consultants
- DDL Quality Surveyors
- Integra Reality Resources Caribbean
- JEC Property Management
- Paul Keys Valuers
- Quayside Surveyors

Cayman Brac & Little Cayman

- Mark Knowlton

8. A commitment fee of 1% of the borrowing amount is due upon acceptance of our Letter of Offer.
9. Photo Identification - copy of a valid passport/driver's licence - either is acceptable if applying in person; both are required and are to be notarised if applying by mail.
10. 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

11. 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, Personal Banking
Cayman National Bank Ltd.
P.O. Box 1097
Grand Cayman KY1-1102
CAYMAN ISLANDS



Welcome to Cayman National. To apply for a personal loan, review and complete the application form below.

Applications submitted via courier or mail must be originals and signature/documents must be notarised. Identification documentation must be in colour and conform to the Bank's guidelines for size, (Passports 129% and Drivers' Licences 155%).

CUSTOMER INFORMATION

Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Surname			First Name		
Middle Initial			Alias (if any)			Maiden Name (if applicable)			
Date of Birth dd / mm / yyyy		ID Provided	Passport <input type="checkbox"/>	Driver's Licence <input type="checkbox"/>	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 <input type="checkbox"/>	Own <input type="checkbox"/>	Mortgaged to				Balance Owing \$			
Previous Address (If Less Than 3 Years)									
Home Phone			Work Phone			Cell Phone			
Fax Number			Email						
Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	Spouse's Name (if applicable)		Number of Dependents (including spouse)		

CUSTOMER'S EMPLOYMENT INFORMATION

Self-Employed* <input type="checkbox"/>	Not Self-Employed <input type="checkbox"/>	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. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Surname			First Name		
Middle Initial			Alias (if any)			Maiden Name (if applicable)			
Date of Birth dd / mm / yyyy		ID Provided	Passport <input type="checkbox"/>	Driver's Licence <input type="checkbox"/>	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 <input type="checkbox"/>	Savings <input type="checkbox"/>	Term Deposit <input type="checkbox"/>	Loan <input type="checkbox"/>	Credit Card <input type="checkbox"/>	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 <input type="checkbox"/>	Securities <input type="checkbox"/>			
Does your employer pay salary directly to the bank?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Frequency of Payments				
Have you had a loan with any bank before?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details				
Credit Cards	MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>	American Express <input type="checkbox"/>	Other <input type="checkbox"/> (please specify)					

LOAN DETAILS

Purpose of Loan									
USD <input type="checkbox"/>	KYD <input type="checkbox"/>	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 <input type="checkbox"/>	No <input type="checkbox"/>	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. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	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			Term
Rate			D/S			L/V
Security Proposed						
Comments						
Recommended By						
Approved <input type="checkbox"/>	Declined <input type="checkbox"/>	Approved/Declined By				

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