

# Apply now for your Cayman National Standard or Gold Mastercard®

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ACCOUNT DETAILS		FOR BANK USE ONLY					
Please Tick Applicable	Gold Card <input type="checkbox"/>	Std Card <input type="checkbox"/>	Credit Limit	Cash Secured Account No.	Referred By		
	Individual Card <input type="checkbox"/>		Approved By	Signature	Date D / M / Y		
	Additional Card <input type="checkbox"/>		Primary Account No.	Primary RIM No.	Supplementary Account No.	Supplementary RIM No.	
PERSONAL DETAILS <span style="float: right;">Please write in BLOCK CAPITALS and tick where necessary</span>							
Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Miss <input type="checkbox"/>	First Name	Middle Name	Surname	
Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Other <input type="checkbox"/>	Number of Dependents	Drivers License / Passport No.		
Date of Birth D / M / Y		Mother's Maiden Name					
Residential Status / Nationality:		Caymanian <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Work Permit Holder <input type="checkbox"/>	Number of Years	Non-Resident <input type="checkbox"/>	Security Alerts (Account Notification) Yes <input type="checkbox"/> No <input type="checkbox"/>
Mailing Address			Postal Code	Street Address		Years There	
Home Telephone		Office Telephone		Cellular Telephone		Fax No.	
Email			Spouse's Name		Spouse's Salary		
EMPLOYMENT DETAILS <span style="float: right;">Please write in BLOCK CAPITALS and tick where necessary</span>							
Employed by			Occupation		Years There		
Employer's Address			Employer's Telephone		Annual Salary		
REFERENCE DETAILS <span style="float: right;">Please write in BLOCK CAPITALS and tick where necessary</span>							
Name of Personal Reference			Telephone No.				
Address of Personal Reference							
Name of Nearest Relative not living with you							
Address of Relative							
Relationship			Telephone No.				
Do you Pay Alimony, Separate Maintenance or Child Support? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" how much?							
Source(s) of other Income				Amount Per Month			
Automobile Year & Make		Financed by		Account No.	Monthly Payment		
ACCOMMODATION DETAILS <span style="float: right;">Please write in BLOCK CAPITALS and tick where necessary</span>							
Present Accommodations	Owned - No Mortgage <input type="checkbox"/>	Owned - With Mortgage <input type="checkbox"/>	Rented <input type="checkbox"/>	Living with Relatives <input type="checkbox"/>	Mortgage Holder / Landlord <input type="checkbox"/>		
Approximate Mortgage Balance			Capital Financed by				
Monthly Mortgage / Rental Payment			Estimated Value of Property Owned				

**OTHER LOANS / FACILITIES**

TOTAL AMOUNT OWING Excluding Mortgage	TOTAL MONTHLY REPAYMENTS
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OTHER MONTHLY LIVING EXPENSES e.g. Food, Utilities, Entertainment, Clothing
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TOTAL MONTHLY Insurance, Medical, Education, Childcare, etc.
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**BANK & OTHER REFERENCES** Please write in BLOCK CAPITALS and tick where necessary

PLEASE NOTE: Approval is subject to written verification of income by your employer, a written reference from your bank and a copy of your I.D. Please help us process your application quickly by including the requested items with form.

Bank Name & Address	Type of Account	Account Balance
Bank Name & Address	Type of Account	Account Balance

**PRESENT OR PREVIOUS CREDIT CARDS**

PLEASE NOTE: A written Reference Form from the issuer of any credit card that you currently hold is preferred. For security purposes please provide the first 6 and last 4 digits of your card number in the Account Number space(s) provided below.

<b>CARD ONE</b>		<b>CARD TWO</b>	
Card Type	Credit Limit	Card Type	Credit Limit
Account Number	X X X X X X	Account Number	X X X X X X
Current Balance	Min. Monthly Payment	Current Balance	Min. Monthly Payment
<b>CARD ONE</b>		<b>CARD TWO</b>	
Card Type	Credit Limit	Card Type	Credit Limit
Account Number	X X X X X X	Account Number	X X X X X X
Current Balance	Min. Monthly Payment	Current Balance	Min. Monthly Payment

The undersigned hereby requests a Mastercard Credit Card from Cayman National Bank Ltd. (hereinafter "Cayman National") and confirms that the above statements are true and correct to the best of the undersigned's knowledge. Cayman National may obtain any other credit information that it may deem necessary for the Application. By signing this Application the undersigned as Principal Cardholder confirms having read, agrees, understands and accepts the terms of the Cardholder Agreement and Disclosure Statement enclosed in this brochure.

Main Applicant Signature  Date  /  /

**ADDITIONAL MASTERCARD**

If co-applicant has no accounts with Cayman National, please include copies of Passport & Drivers License along with a bank reference

Mr.  Mrs.  Ms.  Miss  First Name  Middle Name  Surname

Single  Married  Divorced  Other  Number of Dependents  Drivers License / Passport No.

Date of Birth  /  /  Mother's Maiden Name

Residential Status / Nationality: Caymanian  Permanent Resident  Work Permit Holder  Number of Years  Non-Resident

Mailing Address  Postal Code  Street Address  Years There

Home Telephone  Office Telephone  Cellular Telephone  Fax No.

Email  Spouse's Name  Spouse's Salary

Employer  Position Held  Annual Salary  Years There

Business Address  Cellular No.

The undersigned hereby requests an additional card be issued to the above mentioned person in accordance with section 10 "Additional Cards" of the terms of the enclosed Cardholder Agreement and Disclosure Statement.

Main Applicant Signature  Date  /  /  Co-Applicant Signature  Date  /  /

**FOR BANK USE ONLY**

Notes