

APPLICATION FOR (PLEASE INDICATE) Failure to complete all relevant information may delay the processing of this application

PERSONAL LOAN
 MORTGAGE
 Individual application
 Joint application
 Date _____

Purpose of loan _____

Sale Price (if applicable) \$ _____ Amount requested \$ _____ Term requested _____

PRIMARY APPLICANT

PERSONAL INFORMATION

FOR BANK USE ONLY

CIF no. _____

FLL application no. _____

ID type _____ ID number _____

Mr.
 Mrs.
 Ms.
 Miss

Last name _____ First name _____ Middle name(s) _____ Maiden name _____

Birth date _____ Mother's maiden name (for security purposes) _____ Social Insurance Number _____
 DD / MM / YY

Married
 Unmarried
 Separated/Divorced
 Widowed
 No. of dependents _____ Ages _____

Bermudian Yes No
 Nationality _____
 Work Permit holder Yes No
 Date moved to Bermuda DD / MM / YY

Relation to Butterfield Customer Employee/Director

ADDRESS

Home address _____ Parish _____ Postal code _____

Mailing address (if different from above) _____ Time at present address (yrs) _____

Previous address _____ Time at previous address (yrs) _____

E-mail address _____ Home telephone _____ Cellular number _____
 () () ()

Residence Rent Own Own free & clear Live with relatives

Name and phone number of mortgage holder or Landlord _____

EMPLOYMENT

Name of present employer _____ Occupation _____ Years of employment _____ Work telephone _____
 () ()

Previous employer _____ Years of employment _____

Do you have any outstanding debts with Bermuda Credit Association?
 Yes No If yes, give details _____

Do you have any outstanding judgements or are you a defendant in any suits or legal action?
 Yes No If yes, give details _____

Do you have any obligations as an endorser, co-maker or guarantor?
 Yes No If yes, give details _____

I am also interested in:
 Credit Cards Savings accounts Chequing accounts Insurance Other (please state) _____

SECONDARY APPLICANT

PERSONAL INFORMATION

FOR BANK USE ONLY

Relationship to primary applicant _____

CIF no. _____

ID type _____ ID number _____

FLL application no. _____

Mr. Mrs. Ms. Miss

Last name _____ First name _____ Middle name(s) _____ Maiden name _____

Birth date DD / MM / YY _____ Mother's maiden name (for security purposes) _____ Social Insurance Number _____

Married Unmarried Separated/Divorced Widowed No. of dependents _____ Ages _____

Bermudian Yes No Nationality _____ Work Permit holder Yes No Date moved to Bermuda DD / MM / YY _____

Relation to Butterfield Customer Employee/Director

ADDRESS

Home address _____ Parish _____ Postal code _____

Mailing address (if different from above) _____ Time at present address (yrs) _____

Previous address _____ Time at previous address (yrs) _____

E-mail address _____ Home telephone _____ Cellular number _____
 | () | ()

Residence Rent Own Own free & clear Live with relatives

Name and phone number of mortgage holder or Landlord _____

EMPLOYMENT

Name of present employer _____ Occupation _____ Years of employment _____ Work telephone _____
 | () |

Previous employer _____ Years of employment _____

Do you have any outstanding debts with Bermuda Credit Association? Yes No

If yes, give details _____

Do you have any outstanding judgements or are you a defendant in any suits or legal action? Yes No

If yes, give details _____

Do you have any obligations as an endorser, co-maker or guarantor? Yes No

If yes, give details _____

I am also interested in: Credit Cards Savings accounts Chequing accounts Insurance Other (please state)

I/We hereby declare that the information which I/we have arranged to provide to you in support of this application is true and complete in all material respects and that no information is omitted in relation to any of the items describing my/our liabilities.

I/We authorise you to contact such persons as you think fit to verify the correctness and completeness of this information and authorise any such persons to release it to you. Kindly debit \$ _____ from my/our account I/N/O _____ commencing on _____ and on the _____ day of the month on a monthly / quarterly / annual / other: _____ basis. This authority is to remain in effect until cancelled in writing by me/us. In the event my/our primary account has insufficient funds to cover my/our loan payments, I/we hereby give authorisation for the Bank to debit any other joint account with the same signatory requirements or any individual account in any of our names to cover the monthly commitment.

Signature of primary applicant _____ Date _____ Signature of secondary applicant _____ Date _____

PERSONAL FINANCIAL STATEMENT

INCOME STATEMENT

MONTHLY INCOME (1)

Primary applicant's salary (net)	\$	
Secondary applicant's salary (net)	\$	
Rental income (halved)	\$	
Other income (please specify)	\$	
_____	\$	
Bonus	\$	
Pension	\$	
TOTAL MONTHLY INCOME	\$	

MONTHLY FIXED EXPENSES (2)

Mortgage	\$	
Rent	\$	
Insurance premiums/maintenance fees	\$	
Installment payment/loans	\$	
Car	\$	
Furniture	\$	
Personal loans	\$	
Credit Cards	\$	
Other	\$	
TOTAL FIXED MONTHLY EXPENSES	\$	

Notes: (1) Enter the income you receive on a regular basis (overtime, second job, alimony, investments, 50% of rental income, etc.)
 (2) Include your total estimated monthly mortgage and/or personal loan payment(s). As a guide, your total fixed monthly expenses should not exceed 50% of your total monthly income.

STATEMENT OF NET WORTH

CURRENT ASSETS (What I own)	Balance	LIABILITIES (What I owe)	Balance
Chequing and Savings Accounts	\$	Mortgage _____	\$
_____	\$		
_____	\$	Personal loans (please describe below)	
_____	\$	_____	\$
Term Deposits	\$	_____	\$
Investments	\$	_____	\$
Stocks/Mutual Funds	\$	Credit Card limits	
What I'm owed	\$	Butterfield	\$
Other (please specify)	\$	Other (please specify)	\$
_____	\$	_____	\$
_____	\$	Other debts (please specify)	
TOTAL CURRENT ASSETS	\$	_____	\$

FIXED ASSETS	Value
Home	\$
Real estate	\$
Automobile	\$
Boat	\$
Other	\$
TOTAL ASSETS	\$

TOTAL LIABILITIES	\$
NET WORTH	\$
(Total Assets minus Total Liabilities)	

Insurance: I wish to obtain the following insurance:

- Home & Contents
- Motorcar & Motorcycle
- Yacht & Pleasure Craft
- Creditor Life & Disability

Signature of primary applicant _____ Date _____

Signature of secondary applicant _____ Date _____

I/We hereby declare that the information provided herein is true and complete in all material respects and that no information is omitted in relation to any of the items described in my/our Income Statement and Statement of Net Worth.

BANK USE ONLY

Additional credit approved Amount \$ _____

Facility type _____ Expiry date _____