



Butterfield

P.O. Box HM 195 | Hamilton HM AX, Bermuda

www.butterfieldgroup.com

Supplementary Cardholder Form

Card Services

To add a family member to your credit card account, please complete this form and submit it to the nearest Butterfield Banking Centre.

YES, Please issue Supplementary Card(s) on my:

- MasterCard Standard, Visa Classic, British Airways Visa Platinum, Standard, Gold, Platinum, Black

Main Cardholder Information

Mr. Mrs. Miss Ms. Card Account Number

First name Middle name Last name

Contact number (c) (w)

Current Address P.O. Box

Supplementary Applicant 1

Mr. Mrs. Miss Ms. Relationship to Main Cardholder

First name Middle name Last name

Current Address P.O. Box

Date of Birth Occupation

Identification Signature

Supplementary Applicant 2

Mr. Mrs. Miss Ms. Relationship to Main Cardholder

First name Middle name Last name

Current Address P.O. Box

Date of Birth Occupation

Identification Signature

Card to be Mailed Collect at: Reid Street Rosebank Somerset St. George's Waterfront

I hereby certify the information provided to be true and complete. I hereby authorise and consent to the Bank obtaining further information about me (us) and checking the information I have given here and exchanging information about me (us) with other financial institutions. By signing this form, I request that you issue supplementary Credit Card(s) on my Account to the persons name herein and who will be designated Supplementary Cardholder(s)*. I agree to read and be bound by the Cardholder Agreement. I authorise the Bank to charge my Credit Card Account with the amount of the annual fee(s) in effect from time to time.

* Supplementary Cardholder(s) refer(s) to any other persons the Main Cardholder authorises to have a Card issued on his/her Account.

Print Main Cardholder Name: Main Cardholder Signature:

Date: