

# ST. KITTS-NEVIS-ANGUILLA NATIONAL BANK LIMITED CREDIT CARD APPLICATION (PERSONAL)

## PERSONAL INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Name:		Date of Birth:	Place of Birth:	Marital Status:
Home Address:			Time at Present Address:	
Mailing Address (if different from above):				
Previous Address (if at present less than 2 yrs):			Time at Previous Address:	
Social Security/Driver's License/National ID:		Passport Number:	Mother's Maiden Name:	
Home Number:	Cell Number:	Email Address:		
Spouse's Name:	Occupation:	Telephone Number:	Social Security/Driver's License/National ID:	
Name of Nearest Relative/Friend Not Living With You:		Telephone Number:	Relationship:	
Address of Nearest Relative/Friend:				

## OCCUPATION

Employer/University Name and Address:			Job Title/Major:
Telephone Number:	Tenure at Present Job/University:	Status: Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	Expected ; fUXi Uŕcb'8 UŕY:

## FINANCIAL INFORMATION

Assets/Investments	Description	Value	Liabilities	Financed by Bank/Institution	Outstanding Balance	Monthly Payment
House/Land		\$	Mortgage/Rent		\$	\$
Vehicle		\$	Vehicle Loan		\$	\$
Other Assets		\$	Living Expenses		\$	\$
1.		\$	Credit Card		\$	\$
2.		\$	Hire Purchase		\$	\$
3.		\$	Financial Institution Loan		\$	\$
4.		\$	Other Loans/Expenses		\$	\$
<b>Total Assets</b>		<b>\$</b>	<b>Total Monthly Expenses/Total Liabilities</b>		<b>\$</b>	<b>\$</b>

Bank Name and Address:			
Savings Account Number:	Chequing Account Number:	Other Account Number(s):	
(Gross Monthly Income) From Employer:	From Co-Applicant:	Other (Please specify source and amount):	Total Monthly Income:
Credit Card Limit Requested:	<input type="checkbox"/> Secured <input type="checkbox"/> Partially Secured		

## CO-APPLICANT INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Name:		Date of Birth:	Place of Birth:	Marital Status:
Social Security/Driver's License/National ID:		Passport Number:	Mother's Maiden Name:	Home/Cell Number:
Home Address:				
Employer's Name and Address:				Job Title/Major:
Work Number:	Tenure at Present Job:	Relationship to Primary Applicant:		
<i>By signing below you are agreeing to the terms and conditions of this application.</i>				
Date:	Applicant's Signature:	Co-Applicant's Signature:		

## FOR BANK USE ONLY

Application Number:	Customer Number:	Card Number:	Account Number:
<input type="checkbox"/> Approved <input type="checkbox"/> Declined	<input type="checkbox"/> Secured <input type="checkbox"/> Partially Secured <input type="checkbox"/> Unsecured	<input type="checkbox"/> EC <input type="checkbox"/> US	Card Limit:
Authorized Signature:			