



Credit card application

(SPECIFY CARD TYPE APPLYING FOR)		
MASTERCARD	LOCAL	DUAL
VISA		

APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME		MR. <input type="checkbox"/>	MRS. <input type="checkbox"/>	MISS <input type="checkbox"/>
ID TYPE AND NUMBER (ATTACH COPY)		TRN (ATTACH COPY)		NUMBER OF DEPENDENTS		DATE OF BIRTH (DD/MM/YY)		
COUNTRY OF BIRTH		COUNTRY OF RESIDENCE			NATIONALITY			
NAME TO BE EMBOSSED ON CARD		MOTHER'S MAIDEN NAME		SINGLE <input type="checkbox"/>		MARRIED <input type="checkbox"/>		
				DIVORCED <input type="checkbox"/>		WIDOWED <input type="checkbox"/>		
PRESENT HOME ADDRESS				NUMBER OF YEARS		OWN <input type="checkbox"/> RENT <input type="checkbox"/>		
				OTHER <input type="checkbox"/>				
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)			HOME TELEPHONE NUMBER			OTHER NUMBER(S)		
PREVIOUS ADDRESS			NUMBER OF YEARS		OWN <input type="checkbox"/> RENT <input type="checkbox"/>		E-MAIL ADDRESS	
				OTHER <input type="checkbox"/>				

EMPLOYMENT INFORMATION (ATTACH JOB LETTER/IF SELF-EMPLOYED, ATTACH LAST THREE (3) BANK STATEMENTS AND PERSONAL FINANCIAL STATEMENT)

EMPLOYER'S NAME OR BUSINESS NAME		TYPE OF BUSINESS		GROSS MONTHLY INCOME (MAIN)		\$	
EMPLOYER'S ADDRESS		TELEPHONE NUMBER		OTHER SOURCE (MAIN)		\$	
OCCUPATION/POSITION		NUMBER OF YEARS		TOTAL GROSS INCOME			
				\$			
NAME AND ADDRESS OF PREVIOUS EMPLOYER		NUMBER OF YEARS		CO-APPLICANT'S MONTHLY INCOME			
				\$			
SOURCE OF OTHER INCOME (PROOF REQUIRED)				OTHER SOURCE (CO-APPLICANT)			
				\$			
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU				TOTAL GROSS INCOME			
				\$			
RELATIONSHIP		TELEPHONE NUMBER (HOME)		TELEPHONE NUMBER (BUSINESS)			

CO-APPLICANT INFORMATION (COMPLETE ONLY IF JOINT ACCOUNT IS DESIRED)

LAST NAME		FIRST NAME		MIDDLE NAME		MR. <input type="checkbox"/>	MRS. <input type="checkbox"/>	MISS <input type="checkbox"/>
ID TYPE AND NUMBER (ATTACH COPY)		TRN (ATTACH COPY)		DATE OF BIRTH (DD/MM/YY)		RELATIONSHIP		MOTHER'S MAIDEN NAME
COUNTRY OF BIRTH		COUNTRY OF RESIDENCE			NATIONALITY			
PRESENT HOME ADDRESS				NUMBER OF YEARS		OWN <input type="checkbox"/> RENT <input type="checkbox"/>		HOME TELEPHONE NUMBER
EMPLOYER'S NAME OR BUSINESS NAME		TELEPHONE NUMBER		OCCUPATION		NUMBER OF YEARS		
EMPLOYER'S ADDRESS		SOURCE OF OTHER INCOME			EMAIL ADDRESS			
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP		TELEPHONE NUMBER (HOME)		TELEPHONE NUMBER (BUSINESS)		

BANKING INFORMATION

NAME OF FINANCIAL INSTITUTION	BRANCH	TYPE OF ACCOUNT	ACCOUNT NUMBER
1.			
2.			
3.			

FINANCIAL INFORMATION

ASSETS	VALUE	LIABILITIES	AMOUNT DUE	MONTHLY PAYMENTS
BANK DEPOSITS		BANK OVERDRAFTS (LIMIT \$)		
BANK DEPOSITS		BANK LOANS (RBC ROYAL BANK JAMAICA LIMITED)		
OTHER DEPOSITS		CREDIT UNION		
SHARES (CREDIT UNION/OTHERS)		OTHER BANK LOANS		
		CREDIT CARDS		
LIFE INSURANCE (F/V/\$ NET)		MONTHLY RENT/MORTGAGE		
OTHER ASSETS		HIRE PURCHASE		
REAL ESTATE		LIVING EXPENSES		
VEHICLE				
FURNITURE/APPLIANCES/PERSONAL EFFECTS		INSURANCE		
		NET WORTH		RATIOS
TOTAL		TOTAL		BANK USE ONLY

ADDITIONAL FINANCIAL INFORMATION

SUPPLEMENTAL OR ADDITIONAL CARDHOLDER INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	MR. <input type="checkbox"/>	MRS. <input type="checkbox"/>	MISS <input type="checkbox"/>
ID TYPE AND NUMBER (ATTACH COPY)	TRN (ATTACH COPY)	MOTHER'S MAIDEN NAME	SIGNATURE		
COUNTRY OF BIRTH	COUNTRY OF RESIDENCE	NATIONALITY			
LAST NAME	FIRST NAME	MIDDLE NAME	MR. <input type="checkbox"/>	MRS. <input type="checkbox"/>	MISS <input type="checkbox"/>
ID TYPE AND NUMBER (ATTACH COPY)	TRN (ATTACH COPY)	MOTHER'S MAIDEN NAME	SIGNATURE		
COUNTRY OF BIRTH	COUNTRY OF RESIDENCE	NATIONALITY			
I Will Collect My Credit Card at your Branch	Do you presently have any other credit cards or ATM cards with RBC Royal Bank (Jamaica) Limited, if so, please state nos.				
	Card No.	Card No.			

FOR APPLICANT REQUIRING SECURED CARD

By signing below I am asking RBC ROYAL BANK (JAMAICA) LIMITED to establish a fixed savings deposit in the amount indicated, to be used as collateral to secure my credit card obligations with them

J\$ _____ US\$ _____ Transfer from my RBC ROYAL BANK (JAMAICA) LIMITED account number _____ Cheque Enclosed

Signature of Applicant _____ Date _____ Signature of Co-Applicant _____ Date _____

Declaration: "I/We, the undersigned, authorise RBC Royal Bank (Jamaica) Limited ('the Bank'), to obtain any information as it may require concerning this application and do hereby certify that the information provided herein is true and correct. The statements made in this application remain the property of the Bank whether or not credit is granted. The undersigned is responsible for the use of the card and agrees that this facility is granted subject to an interest rate charge of _____% for Jamaican dollar charges and _____% for charges in United States dollars, which said rate of interest is variable and subject to change from time to time. The undersigned also agrees to pay all charges to the card account including interest, late fees, annual card fees and any other charge, all of which will be debited to the card account. The undersigned authorises the Bank to set-off sums due on the card account against funds on deposits, in any currency whatsoever, which the Bank may at any time hold in the name of the undersigned or any of them. The Bank is authorised at any time hereafter to give credit information contained on this form, to any (1) credit bureau or other agency (2) person with whom the undersigned has or purports to have financial dealings, and (3) persons in connection with any dealings the undersigned has or proposes to have with the Bank. The Bank may use the information in this application in respect of any of its present or future services permitted by law. The undersigned also understand and declare that I/We am/are bound by any rate of interest charged by the Bank at any time and also bound by the terms of this agreement and the full Cardholder Agreement. Each of the undersigned warrants and represents that he/she is of lawful age and is subject to no legal disability."

Signature of Applicant _____ Date _____ Signature of Co-Applicant _____ Date _____

FAST APPROVAL

Applications will be processed speedily once the following documents are submitted:

- | | |
|---|---|
| 1. Last three pay slips and a job letter | 2. Credit report(s) from financial institution(s) |
| 3. (Drivers Licence, Passport, National Identification) | 4. Original TRN Card |
| 5. Proof of address | |

Additional documents for self employed individuals:

- | | |
|--------------------------------|----------------------------------|
| * Personal Financial Statement | * Last three (3) bank statements |
|--------------------------------|----------------------------------|

Assistance - Call our 24-Hour Telephone Service Centre at 960-4RBC or 1-888-991-2825

FOR BANK USE ONLY

STATUS: APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/>	T24 CUSTOMER NUMBER:		
	T24 ACCOUNTNUMBER:		
VISA	MASTERCARD	CARD NUMBER:	
DOMESTIC CLASSIC <input type="checkbox"/>	DOMESTIC CLASSIC <input type="checkbox"/>	MONEY MARKET (MM) NUMBER: (SECURED CARD)	
DUAL CURRENCY CLASSIC <input type="checkbox"/> GOLD <input type="checkbox"/>	DUAL CURRENCY CLASSIC <input type="checkbox"/>	SECURED AMOUNT J\$ US\$	CREDIT LIMIT J\$ US\$
PLATINUM <input type="checkbox"/>	SUBSCRIPTION FEE CATEGORY	INTEREST RATE CATEGORY	
PRINT CYCLE	CREDIT SCORE		
<input type="text"/>	<input type="text"/>		

BRANCH USE ONLY

Lending Officer _____ Date _____
Branch Manager _____ Date _____
Risk Management _____ Date _____

CARD OPERATIONS USE ONLY

Keyed By _____ Date _____
Authorized By _____ Date _____