



I wish to apply for the following RBC Royal Bank™ Credit Card:

- RBC Rewards Visa+ Platinum Visa Gold Visa Classic
 Caribbean Airlines Frequent Flyer MasterCard+ Standard

1 PLEASE TELL US ABOUT YOURSELF

Mr. Mrs. MS. Marital Status
First Name Middle Initial Surname
Home Address Street
City Date of Birth D M Y
Mailing Address (if different)
Country of Birth Country of Residence Nationality
Home Telephone No. Business Telephone No. E-mail Address
ID/DP/PP # (Two Forms of Identification Required)
Mother's Maiden Name (for your security) No. of Dependants
Years at current address Own Rent Other
Previous Home Address (if less than 2 years at present address)
Name and Address of nearest Relative not living with you (if none, other reference)
E-mail address Telephone No.
I authorise the Bank to contact me via my email address (Signature)

2 PLEASE TELL US ABOUT YOUR JOB

- Retired Self-employed (please specify name and nature of business) Other

Name of Employer
Employer's Address
Employer's Telephone No.
Position Years there
Previous Employer (if during the last three years)
Position Years there

... and ABOUT YOUR INCOME

Table with 4 columns: Applicant, Co-applicant #1, Co-applicant #2. Rows include Gross Monthly Salary, Deductions at Source, Net Take Home Salary, Other Monthly Earnings, Total Monthly Earnings, Source of Other Earnings.

Customer Requirements

- Job letter(s) and pay slip(s)
 Two (2) forms of Government Identification
 Copy of co-applicant's Identification
 Utility Bill

3 ... and YOUR CO-APPLICANT #1 (if you are applying for joint credit with another person)

Mr. Mrs. MS.
First Name Middle Initial Surname
Home Address Street
City Date of Birth D M Y
Mailing Address (if different)
Country of Birth Country of Residence Nationality
Home Telephone No. Business Telephone No. E-mail Address
ID/DP/PP # (Two Forms of Identification Required)
Mother's Maiden Name (for your security) Marital Status
Years at current address Own Rent Other
Previous Home Address (if less than 2 years at present address)
Name of Employer
Your Position
Employer's Address
Employer's Telephone No.

4 ... and YOUR CO-APPLICANT #2 (if you are applying for joint credit with another person)

Mr. Mrs. MS.
First Name Middle Initial Surname
Home Address Street
City Date of Birth D M Y
Mailing Address (if different)
Country of Birth Country of Residence Nationality
Home Telephone No. Business Telephone No. E-mail Address
ID/DP/PP # (Two Forms of Identification Required)
Mother's Maiden Name (for your security) Marital Status
Years at current address Own Rent Other
Previous Home Address (if less than 2 years at present address)
Name of Employer
Your Position
Employer's Address
Employer's Telephone No.

5 FINANCIAL INFORMATION

ASSETS	VALUE	BANKERS/OTHER
BANK ACCOUNTS		
FIXED DEPOSITS		
OTHER SHARES/UNITS		
CREDIT UNION SHARES		
LIFE INSURANCE CSV		
OTHER ASSETS		
REAL ESTATE		TELL US WHO ARE YOUR MAIN BANKERS
VEHICLE		
FURNITURE/APPLIANCES		
TOTAL		

LIABILITIES	BALANCE OUTSTANDING	MONTHLY PAYMENTS	BANK/ OTHER
BANK OVERDRAFTS			
BANK LOANS			
CREDIT CARD(S)			
CREDIT UNION LOANS			
OTHER LIABILITIES			
MONTHLY RENT/MORTGAGE			
HIRE PURCHASE			
TOTAL DEBTS/PAYMENTS			
TOTAL			

6 TELL US HOW YOU WOULD LIKE TO PAY YOUR ACCOUNT

PAYMENT METHOD: Cash/Cheque Debit Account (indicate Branch and Account No.)

Branch _____ A/C No. _____

PAYMENT AMOUNT: Minimum Monthly Payment Fixed: \$ _____ Full Balance

7 BRANCH AT WHICH YOU WOULD LIKE TO COLLECT YOUR CARD

8 HOW DID YOU FIND OUT ABOUT THIS SERVICE

TV/RADIO/NEWSPAPER BROCHURE/POSTER INTERNET
 FRIEND/RELATIVE MY BANKER

9 TELL US ABOUT YOUR FREQUENT FLYER MEMBERSHIP

Are you currently a member of the Caribbean Airlines Frequent Flyer Programme? No Yes

If yes, please quote Frequent Flyer No.

10 PLEASE SIGN YOUR APPLICATION

Authorising Signatures:

I/We warrant that the information given herein on this Application is true and correct. I/We also duly acknowledge receipt of the Credit Card Cardholder Agreement in respect of this Application and have read and understand the terms and conditions of same and agree to be bound by said terms and conditions.

(Applicant's Signature) (Date)

(Co-Applicant's Signature) (Date)

(Co-Applicant's Signature) (Date)

FOR OFFICIAL USE ONLY

BRANCH _____ TRANSIT NO. _____

A.V. KNOWLES ACB/TRANSUNION CREDIT SCORE (INSERT) COLLATERAL HELD YES NO

CREDIT LIMIT: _____ ACCOUNT NO:

T24 CUSTOMER NUMBER:

CARD NO. - MAIN APPLICANT:

CARD NO. CO-APPLICANT #1:

CARD NO. CO-APPLICANT #2:

APPROVED BY: _____
(Authorised Signature)

(Print Name)