



Republic Bank (Suriname) N.V.

INTERNATIONAL VISA CLASSIC CREDIT CARD APPLICATION



FOR OFFICIAL USE ONLY

Credit Card
Account Number

Application Number

1. PLEASE TELL US ABOUT YOURSELF (PRINCIPAL APPLICANT)

Surname	First & Middle Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.. <input type="checkbox"/> Mrs.	Birthdate	ID/PP/DP No. (Two Required) 1) 2)	Home Telephone No.
Present Home Address	No. of Years	Mailing Statement Address (if different)		Monthly Rent/Mortgage Payment \$	
Previous Home Address (if at present Address Less than 3 years)	No. of Years	E-Mail Address		<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Family <input type="checkbox"/> Buying <input type="checkbox"/> Employer Owned	
Name and Address of Nearest Relative Not Living with You	Home Telephone No.	No. of Years	No. of Dependents	Marital Status Widowed <input type="checkbox"/>	Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Seperated <input type="checkbox"/>

2. PLEASE TELL US ABOUT YOUR JOB

Employer's Name (attach Job Letter) or state occupation if self employed	No. of Years	Your Position	Gross Monthly Salary \$
Employer's Address	Business Telephone No.		Other Monthly Earnings \$
Previous Employer's Name Address (if less than 3 years)	No. of Years	Source of Other Earnings \$	
			Total Gross Monthly Earnings \$

3. PLEASE TELL US ABOUT YOUR CO-APPLICANT
(if you are applying for a joint credit card)

		Relationship to Principal Applicant			
Surname	First & Middle Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.. <input type="checkbox"/> Mrs.	Birthdate	ID/PP/DP No. 1) 2)	Home Telephone No.
Present Home Address	No. of Years	Mailing Statement Address (if different)		Monthly Rent/Mortgage Payment \$	
Previous Home Address (if at present Address Less than 3 years)	No. of Years	E-Mail Address		<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	
Employer's Name (attach Job Letter) or state occupation if self employed	Your Position	No. of Years	No. of Dependents	Marital Status Widowed <input type="checkbox"/>	Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Seperated <input type="checkbox"/>
Employer's Address	Business Telephone No.		Gross Monthly Salary \$		
Previous Employer's Name Address (if less than 3 years)	No. of Years	Other Monthly Earnings \$			
Name and Address of Nearest Relative Not Living with You	Home Telephone No.	Source of Other Earnings \$			
		Total Gross Monthly Earnings \$			

4. FINANCIAL INFORMATION ("A" - Principal Applicant, "B" - Co-applicant)

ASSETS	VALUE \$		LIABILITIES	BALANCE OUTSTANDING		MONTHLY PAYMENTS	
	a.	b.		a.	b.	a.	b.
Fixed Deposits			Bank Overdrafts				
Bank Accounts			Bank Loans				
Credit Union Shares			A/C #				
Unit Trust			Credit Cards				
Life Insurance CSV			A/C #				
Other Liquid Assets			Credit Union Loans				
Properties/Real Estate (Address)			Hire Purchase				
Vehicles (Reg.No. and Make)			Monthly Rent/Mortgage				
Other (Specify) i.e. Furniture/Appliances etc.			Other (Specify)				
TOTAL ASSETS			TOTAL LIABILITIES				

A	Main Bankers	Branch	B	Main Bankers	Branch
<input type="checkbox"/>	Chequing A/C No.	<input type="checkbox"/> F/Dep.	<input type="checkbox"/>	Chequing A/C No.	<input type="checkbox"/> F/Dep.
<input type="checkbox"/>	Savings A/C No.	<input type="checkbox"/> Other	<input type="checkbox"/>	Savings A/C No.	<input type="checkbox"/> Other

NOTE: CURRENT TOTAL OF MONTHLY REPAYMENTS SHOULD NOT EXCEED 35% OF GROSS MONTHLY EARNINGS

Authorising Signatures

EVERYTHING THAT I/WE HAVE STATED IN THIS APPLICATION IS CORRECT AND TO THE BEST OF MY KNOWLEDGE. I/WE AUTHORISE YOU TO OBTAIN FURTHER INFORMATION ON MY/OUR CREDIT AND EMPLOYMENT HISTORY AND ANY SUCH SOURCE IS HEREBY AUTHORISED TO PROVIDE THE REQUESTED INFORMATION. YOU ARE AUTHORISED TO DISCLOSE TO ANY CREDIT BUREAU AND OTHER GRANTORS ANY INFORMATION ABOUT MY/OUR CREDIT HISTORY. I/WE JOINTLY AND SEVERALLY AGREE TO INDEMNIFY YOU AGAINST ANY AND ALL CLAIMS IN DAMAGES OR OTHERWISE ARISING FROM SUCH DISCLOSURE ON YOUR PART. BY SIGNING THIS APPLICATION, THE APPLICANT AND CO-APPLICANT (IF ANY) UNDERSTAND(S) AND AGREE(S) TO THE CONDITIONS OF USE DETAILED ON THE REVERSE.

X

APPLICANT SIGNATURE

DATE

I/WE WILL COLLECT MY/OUR CARD(S) AT YOUR BRANCH

X

CO-APPLICANT SIGNATURE

DATE

SEND MY/OUR CARD(S) TO MY PERSONAL BANKING OFFICER

AT (RBL BRANCH) _____