



Home Address:

Freehold

Mortgage

Rent

Other

# of years

## **BOSL Visa Credit Card**

A card that rewards you everytime you use it.

Co-Applicant Annual Income:

Other Income:

**Total Income:** 

Sources:



VISA					
PLEASE SELECT THE CARD OF YOUR CHOICE  Visa Classic Visa Platinum	Previous Address: # of years	TELL US ABOUT YOUR CO-APPLICANT (if you are applying for joint credit)			
	E-mail:	Mr. Ms. Mrs.			
Visa Gold	Next of kin (not living with you)	Surname:			
TELL US ABOUT YOURSELF	Relationship:	First Name:			
Mr. Ms. Mrs.	Address of Next of Kin:	Other Name/s:			
Surname:					
First Name:	Tel: (W) (H)	Birth Place:			
Other Name/s:	(M)	Date of Birth:			
Birth Place:		Relation:			
Date of Birth:	TELL US ABOUT YOUR JOB	Employer's Name:			
Nationality:	Employer's Name:				
Nat ID/Social Security No:		Address:			
Tel: (W) (H)	Address:				
(M)					
Mother's Maiden Name:	Full-Time Part-Time Self-Employed Retired	Tel: (W) (H)			
Marital Status:	Tel: Ext: Fax:	(M)			
Number of Dependents:	No. of years employed:	E-mail:			
Mailing Address:	Do you travel as a result of your job:	Full-Time Part-Time Self-Employed Retired			
	Position:	CREDIT REFERENCE INFORMATION			
Home Address Same as Mailing Address:	Previous Employment (Name & Address)	Annual Income:			

# of years



## **BOSL Visa Credit Card**

A card that rewards you everytime you use it.





**OTHER ASSETS** 

PAYMENTS:	Description	Monthly Payment	Balance
MORTGAGE/RENT			
OTHER LOANS			
CAR			
HIRE-PURCHASE			
CREDIT CARD			
CLOTHES/FOOD			
UTILITIES			
OTHER EXPENSES			
Total Payments			

EVERYTHING I/(WE) HAVE STATED IN THIS APPLICATION IS CORRECT AND TO THE BEST OF MY KNOWLEDGE. YOU ARE AUTHORIZED TO CHECK MY CREDIT AND MY EMPLOYMENT HISTORY AND TO ANSWER QUESTIONS ABOUT YOUR CREDIT EXPERIENCE WITH ME, BY SIGNING THIS APPLICATION.

By signing this application, I/(We) certify that I have read the Conditions and Uses. I/(We) authorized the Bank/Financial Institution to which this application is returned as indicated overleaf to check my account with affiliates, proper persons, and credit Bank applied to and its affiliates in order to determine my eligibility for the Bank of Saint Lucia Credit Card. If I/(We) designate an authorized user to my card I/(We) understand that account information will also be reported to credit institutions in authorized user's name. I/(We) certify that I/(We are) am 18 years of age or older and that the information provided is accurate. I/(We) understand that if I/(We) use the card or authorize its use or do not cancel my/(our) account within 30 days after I/(We) receive the card, the Conditions of Use will be binding on me/(us) and the I/(We) will be responsible for all charges incurred and all applicable fees. The applicable Law of Saint Lucia govern this agreement. I/(We) have read and understood both sides of this application and agree to its Conditions of Use.

			CO-APPLICAN	II'S SIGNATU	KE:		
ASSETS:	Description	Value	DATE:				
AUTOMOBILE					BA	NK USE ONLY	
REAL ESTATE			Card Type:	Classic	Gold	Platinum	

BANKING INFORMATION		(SAVINGS, CURRENT ACCOUNT)		
Name & Address of Financial Institution	Account Type	Balance	Monthly Payments	

uthorized Signature (Branch)	

Authorized Signature (Credit Card Dept.)

SIGNATURE: \_\_\_\_\_ DATE:

BANK

**Date Received** 

Card Limit EC\$

**Date Processed** 

Input Operator

**Date Dispatched**