

Mortgage

Rent

Other

Freehold



BOSL Visa Credit Card

A card that rewards you everytime you use it.

Total Income:



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)			
Visa Classic Visa Platinum Visa Gold LEAF Card TELL US ABOUT YOURSELF	E-mail: Next of kin (not living with you) Relationship:	Mr. Ms. Mrs. Surname: First Name:			
Ar. Ms. Mrs. urname:	Address of Next of Kin:	Other Name/s:			
irst Name: Other Name/s: irth Place: Date of Birth:	Tel: (W) (H) (M) TELL US ABOUT YOUR JOB	Birth Place: Date of Birth: Relation: Employer's Name:			
lationality: lat ID/Social Security No: el: (W) (H)	Employer's Name: Address:	Address:			
M) Mother's Maiden Name: Marital Status: Humber of Dependents:	Full-Time Part-Time Self-Employed Retired Tel: Ext: Fax: No. of years employed: Do you travel as a result of your job:	Tel: (W) (H) (M) E-mail: Full-Time Part-Time Self-Employed Retire			
Mailing Address: Home Address Same as Mailing Address:	Position: Previous Employment (Name & Address)	CREDIT REFERENCE INFORMATION Annual Income:			
of years	# of years	Co-Applicant Annual Income: Other Income: Sources:			



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SIGNATURE: _____





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 ${}^{ t t}$	TO THE BEST OF MY
KNOWLEDGE. YOU ARE AUTHORIZED TO CHECK MY CREDIT AND MY EMPL	OYMENT 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-APPLICANT'S SIGNATURE:		
ASSETS:	Description	Value	DATE:		
AUTOMOBILE			BANK USE ONLY		
REAL ESTATE			Cond Times Classic Cold Distinguis LEAF		

	BANK USE ONLY						
	Card Type:	Classic	Gold	Platinum	LEAF		
	Card Limit EC	\$					
	Authorized Sig	gnature (Branc	h)				
	Authorized Signature (Credit Card Dept.)						
ts	7.00.1011200 019	ga.a. a (Great	. ca. a Dept	·/			

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

Date Received

BANK

Date Processed

Input Operator

Date Dispatched