

BOSL Visa Credit Card

A card that rewards you everytime you use it.





Previous Address: PLEASE SELECT THE CARD OF YOUR CHOICE

Visa Classic Visa Platinum Visa Gold LEAF Card **TELL US ABOUT YOURSELF** Ms. Mr. Mrs. Surname: First Name: Other Name/s: **Birth Place:** Date of Birth: Nationality: Nat ID/Social Security No: (H) Tel: (W) (M) Mother's Maiden Name: **Marital Status:** Number of Dependents: **Mailing Address:** Home Address Same as Mailing Address: Home Address: # of years

Mortgage

# of years			(if you are applying for joint credit)					
E-mail:				Mr.	Ms.	Mrs.		
Next of kin (not living with you)			Surname:					
Relationship:				First Na	ime:			
Address of Next	of Kin:			Other N	Name/s:			
Tel: (W)	(I	H)		Birth Pl				
(M)				Date of				
		JT YOUR JOB		Relation	n:			
		JI-TOOR JOB		Employ	er's Name	:		
Employer's Name	9:							
		Address:						
Address:								
Full-Time	Part-Time	Self-Employed	Retired	Tel: (W)	I		(H)	
Tel:	Ext:	Fax:		(M)				
No. of years emp	loyed:			E-mail:				
Do you travel as a	a result of your	r job:		Ful	I-Time	Part-Time	Self-Employed	Retired
Position:			CREDIT REFERENCE INFORMATION					
Previous Employment (Name & Address)			Annual Income:					
				Со-Арр	licant An	nual Income:		
# of years				Other I	ncome:			
				Sources	::			
				Total Ir	ncome:			

Freehold

Rent Other



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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.

SIGNATURE: _____ DATE:

CO-APPLICANT'S SIGNATURE:

ASSETS:	Description	Value	DATE:					
AUTOMOBILE					BAN	NK USE ONL	1	
REAL ESTATE			Card Type:	Classic	Gold	Platinum	LEAF	
OTHER ASSETS			Card Limit EC\$;				

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BANKING INFC	RMATION	(SAVINGS, CURRENT ACCOUNT)		
Name & Address of Financial Institution	Account Type	Balance	Monthly Payments	Ē
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Authorized Signature (Branch)	
Authorized Signature (Credit Card Dept.)	
 BANK	
Date Received	
 Date Processed	
 Input Operator	
Date Dispatched	