

# Caribbean Union Bank Credit Card Application



Caribbean Union Bank

Please complete all fields below in CAPITAL LETTERS and ensure you sign this form. Type of Card  Classic  Gold

Please select your credit line: Choose from \$500 to \$10,000 in increments of \$100. I want my credit limit to be \$

## YOUR PERSONAL DETAILS

Title  First name

Middle name

Family name

Marital status  Single  Married  Defacto  Separated/divorced  Widowed

Specify the numbers of dependants under 18 years

Date of birth (dd/mm/yyyy)  Gender  M  F

Nationality

Are you a permanent resident of Antigua?  Yes  No

Time with main bank  yrs  mths The bank which your salary is paid into.

Are you a Caribbean Union Bank customer?  Yes  No

If "Yes", please advise your customer number

Driver's licence number

### Your current residential address

Property name  Unit no.

Street name

City

State  Country

PO Box #  Time there  yrs  mths

Residential Status:  Home owner/buyer  Live with parents  Rent  Board  Others

Give details of current landlord/agent (if renting/boarding)

Name of landlord/agent

Landlord/agent's phone no.

### Your contact details

Home no.  Mobile no.

Email address

By providing your email address, you consent to CUB or its related entities sending you promotional electronic messages. If you do not wish to receive such messages, please leave this space blank.

**Your previous address** – if less than 3 years at your current residential address.

Property name

Address

City  State

Country  PO Box #

## CO-APPLICANT INFORMATION

Title  First name

Family name

Address

City  State

Country  PO Box #

Contact no.

## FOR YOUR SECURITY

Mother's maiden name (i.e. surname before marriage)

Please give details of a relative or a friend who lives in Antigua but DOES NOT live with you.

Title  First name

Family name

Address

City  State

Country  PO Box #

Contact no.

Relationship to you

## YOUR EMPLOYMENT DETAILS

Full time  Permanent part time  Casual  Unemployed  
 Self employed  Contractor – Specify contract length  yrs  mths  
 Full time education  Home duties  Retired  Other

Job title

Occupation

Time with employer/time self employed  yrs  mths

Employer's name or business name if self employed

Employer's phone no.

Address

City  State

Country  PO Box #

If self employed, what is the nature of your business?

If self employed/contractor, give details of your accountant/financial adviser who can confirm your financial details.

Name of Accountant

Accountant phone no.  Please authorize this person to provide CUB with information.

## EXTRA BENEFITS TO CUSTOMIZE YOUR CREDIT CARD

### Optional Rewards Point Programs:

Yes enrol me in the program for CUB Card.

## YOUR FINANCIAL DETAILS

**Please note: Non disclosure may result in your application being delayed.**

Gross annual income

Applicant's monthly wages/salary (after tax)

Other monthly income (after tax)

Partner's/Co-applicant monthly income (after tax)   
(if applicable)

### Liabilities/ commitments (excluding credit cards)

Mortgage (s) – total balance owing

Mortgage (s) or rent – monthly payment

Other loans – monthly repayments (i.e. car, boat, personal loan)

Other commitments – total monthly repayments   
(i.e. insurance and utilities)

### Credit and store cards

Total number of cards held

Total balance owing on all cards

Total limits of all cards

### Assets

Total real estate/property value(s)

Savings/Shares/other personal assets (i.e. vehicles)

## APPLICANT'S SIGNATURE

By signing here you acknowledge that you have read and understood the privacy consent and declaration overleaf and declare that the details contained in this application are true and correct. I authorise you to give to and obtain from persons with whom I have financial or other business dealings, credit and other financially related information about me.

Signature  Date

**CUB may contact you if further information is required.**