

# Butterfield Mortgage and Loan Application

**Application For (Please Indicate)** Failure to complete all relevant information may delay the processing of this application.

Personal loan  Mortgage  Individual application  Joint application Date

Purpose of loan

Sale price (if applicable)  Amount requested  Term requested

Primary Applicant

## Personal Information

ID type  ID number

Mr.  Mrs.  Ms.  Miss

Last name  First name  Middle name(s)  Maiden name

Birth date  Mother's maiden name(for security purposes)  Social Insurance Number

Marital status  No. of dependents  Ages

Bermudian  Yes  No Nationality  Work permit  Yes  No Date moved to Bermuda

Relation to Butterfield  Customer  Employee/Director

### FOR BANK USE ONLY

CIF no.

FLL application no.

## Address

Home address  Parish  Postal code

Mailing address (if different from above)  Time at present address (yrs)

Previous address  Time at previous address (yrs)

E-mail address  Home telephone  Cellular number

Residence  Rent  Own  Own Free & Clear  Live with relatives

Name and phone number of mortgage holder or landlord

## Employment

Name of present employer  Occupation  Years of employment  Work telephone

Previous employer  Years of employment

Do you have any outstanding debts with Bermuda Credit Association?  
 Yes  No If yes, give details

Do you have any outstanding judgments or are you a defendant in any suits or legal action?  
 Yes  No If yes, give details

Do you have any obligations as an endorser, co-maker or guarantor?  
 Yes  No If yes, give details

I am also interested in:

Credit cards  Savings accounts  Chequing accounts  Insurance Other (please state)

## Personal Information

Relationship to primary applicant \_\_\_\_\_

ID type \_\_\_\_\_ ID number \_\_\_\_\_

 Mr.  Mrs.  Ms.  Miss

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name(s) \_\_\_\_\_ Maiden name \_\_\_\_\_

Birth date DD/MM/YY \_\_\_\_\_ Mother's maiden name(for security purposes) \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

Marital status \_\_\_\_\_ No. of dependents \_\_\_\_\_ Ages \_\_\_\_\_

Bermudian  Yes  No Nationality \_\_\_\_\_ Work permit  Yes  No Date moved to Bermuda DD/MM/YY \_\_\_\_\_Relation to Butterfield  Customer  Employee/Director

## FOR BANK USE ONLY

CIF no. \_\_\_\_\_

FLL application no. \_\_\_\_\_

## Address

Home address \_\_\_\_\_ Parish \_\_\_\_\_ Postal code \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_ Time at present address (yrs) \_\_\_\_\_

Previous address \_\_\_\_\_ Time at previous address (yrs) \_\_\_\_\_

E-mail address \_\_\_\_\_ Home telephone \_\_\_\_\_ Cellular number \_\_\_\_\_

Residence  Rent  Own  Own Free & Clear  Live with relatives

Name and phone number of mortgage holder or Landlord \_\_\_\_\_

## Employment

Name of present employer \_\_\_\_\_ Occupation \_\_\_\_\_ Years of employment \_\_\_\_\_ Work telephone \_\_\_\_\_

Previous employer \_\_\_\_\_ Years of employment \_\_\_\_\_

Do you have any outstanding debts with Bermuda Credit Association?

 Yes  No If yes, give details \_\_\_\_\_

Do you have any outstanding judgements or are you a defendant in any suits or legal action?

 Yes  No If yes, give details \_\_\_\_\_

Do you have any obligations as an endorser, co-maker or guarantor?

 Yes  No If yes, give details \_\_\_\_\_

I am also interested in:

 Credit cards  Savings accounts  Chequing accounts  Insurance Other (please state) \_\_\_\_\_

I/We hereby declare that the information which I/we have arranged to provide to you in support of this application is true and complete in all material respects and that no information is omitted in relation to any of the items describing my/our liabilities.

I/We authorise you to contact such persons as you think fit to verify the correctness and completeness of this information and authorise any such persons to release it to you. Kindly debit \$\_\_\_\_\_ from my/our account I/N/O \_\_\_\_\_ commencing on \_\_\_\_\_ and on the \_\_\_\_\_ day of the month on a  monthly /  quarterly /  annual /  other: \_\_\_\_\_ basis. This authority is to remain in effect until cancelled in writing by me/us. In the event my/our primary account has insufficient funds to cover my/our loan payments, I/we hereby give authorisation for the Bank to debit any other joint account with the same signatory requirements or any individual account in any of our names to cover the monthly commitment.

Signature of primary applicant \_\_\_\_\_ Date \_\_\_\_\_ Signature of secondary applicant \_\_\_\_\_ Date \_\_\_\_\_

DD/MM/YYYYDD/MM/YYYY

## Income Statement

### MONTHLY INCOME (1)

Primary applicant's salary (net)	\$
Secondary applicant's salary (net)	\$
Rental income (halved)	\$
Other income   _____ <small>(please specify)</small>	\$
_____	\$
Bonus	\$
Pension	\$
<b>Total monthly income</b>	<b>\$</b>

Notes: (1) Enter the income you receive on a regular basis (overtime, second job, alimony, investments, 50% of rental income, etc.) (2) Include your total estimated monthly mortgage and/or personal loan payment(s). As a guide, your total fixed monthly expenses should not exceed 50% of your total monthly income.

### MONTHLY FIXED EXPENSES (2)

Mortgage	\$
Rent	\$
Insurance premiums / maintenance fees	\$
Installment payment / loans	
Car	\$
Furniture	\$
Personal loans	\$
Credit cards	\$
Total	\$
<b>Total fixed monthly expenses</b>	<b>\$</b>

### CURRENT ASSETS (What I have)

#### BALANCE

Chequing and Savings Accounts	\$
_____	\$
_____	\$
_____	\$
Term Deposits	\$
Investments	\$
Stocks/Mutual Funds	\$
What I'm owed	\$
Other   _____ <small>(please specify)</small>	\$
_____	\$
_____	\$
<b>Total current assets</b>	<b>\$</b>

### LIABILITIES (What I owe)

#### BALANCE

Mortgage	\$
_____	\$
Personal loans <small>(please describe below)</small>	
_____	\$
_____	\$
_____	\$
Credit card limits	
Butterfield	\$
Other   _____ <small>(please specify)</small>	\$
_____	\$
Other debts   _____ <small>(please specify)</small>	\$
_____	\$
<b>Total liabilities</b>	<b>\$</b>

### FIXED ASSETS

#### VALUE

Home	\$
Real estate	\$
Automobile	\$
Boat	\$
Other	\$
<b>Total assets</b>	<b>\$</b>

### Net worth

(Total Assets minus Total Liabilities)

\$
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Insurance: I wish to obtain the following insurance:

- Home & Contents       Motorcar & Motorcycle  
 Yacht & Pleasure Craft       Creditor Life & Disability

Signature of primary applicant | \_\_\_\_\_ Date | \_\_\_\_\_

DD/MM/YYYY

Signature of secondary applicant | \_\_\_\_\_ Date | \_\_\_\_\_

DD/MM/YYYY

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Additional amount approved Amount

Amount | \_\_\_\_\_

Facility type | \_\_\_\_\_

Expiry date | DD/MM/YYYY \_\_\_\_\_