

 **Bank Personal Credit Card Application Form**Requested Card Limit: Existing Jamaica National Customer? Yes No RIM Number: **Applicant's Details**

Title: Mr. Mrs. Miss Other Mother's Maiden Name:

Last Name: First Name: Middle Name:

Email: Gender: Male Female Date of Birth: (Must be 15 years or older)

Number of Dependents: (Number of persons dependent on applicant regardless of age)

Contact Number(s): Home: - Mobile: -

Marital Status: Single Married Widowed Divorced Other

ID Type: Driver's License ID#: Passport ID#: National ID ID#:

Tax Identification Number (e.g. TRN,SSN) Other Government Issued ID#:

ID Expiry Date: (mm/dd/yyyy) ID Country of Issuance:

Residential Address:

Door: Street: Street 2: Street 3:

Sector: City/Town: PO/Zip Code: Parish: Country:

Country of Citizenship: Are you a resident? Yes No

How long have you resided at current address? (Years) (Months)

Mailing Address: (If different from residential address)

Door: Street: Street 2: Street 3:

Sector: City/Town: PO/Zip Code: Parish: Country:

Previous Residential Address: (If less than 2 years at current address)

Door: Street: Street 2: Street 3:

Sector: City/Town: PO/Zip Code: Parish: Country:

Employer's Information

Employment Status: Full-Time Part-Time Contract Self Employed Retired Unemployed

Occupation: JN Group Staff? Yes No

Employer's Industry: Personal Government Financial Agricultural Other

Employer's Name: Position:

Contact Number: Work: - Fax Number: - Date of Employment: (mm/dd/yyyy)

Employer's Address

Door: Street: Street 2: Street 3:

Sector: City/Town: PO/Zip Code: Parish: Country:

Previous Employer's Information (If less than 2 years at current employer)

Previous Employer's Name: Contact Number: Work: -

Position: Employed From: (mm/dd/yyyy) To: (mm/dd/yyyy)

Door: Street: Street 2: Street 3:

Sector: City/Town: PO/Zip Code: Parish: Country:

Relative Information

Do you have any immediate relative(s) employed at any JN branch/department/subsidiary? Yes No *(If yes, please list names of relatives and branch/department/subsidiary)*

Name:

Name:

Branch/Department/Subsidiary:

Branch/Department/Subsidiary:

Relationship:

Relationship:

References *(Individuals not living in applicant's household and should not be an immediate family member)*

Reference 1

Last Name: First Name: Middle Initial:

Door: Street: Street 2: Street 3:

Sector: City/Town: PO/Zip Code: Parish: Country:

Contact Number: Home: - Relationship to Primary Cardholder:

Reference 2

Last Name: First Name: Middle Initial:

Door: Street: Street 2: Street 3:

Sector: City/Town: PO/Zip Code: Parish: Country:

Contact Number: Home: - Relationship to Primary Cardholder:

Will this card be used to conduct transactions on behalf of someone other than you, the authorized cardholder? Yes No

Do you or any member of your immediate family currently hold or have ever held a prominent public function (whether in Jamaica or any foreign country), such as a Head of State, Head of the Opposition Political Party, Member of Parliament, Senior Member of the Judiciary, Head of the Military or Police Force, CEO of a Statutory Body/Government Body or Agency or are you a personal/professional associate of any of the foregoing public officials? Yes No
(If yes, please state)

Creditor Life Insurance

Would you like Creditor Life Insurance? Yes No

Supplementary CardHolder

Do you wish to add supplementary cardholder? Yes No *(If yes please use Supplementary Card Application Form)*

Applicant CardHolder Authorization

It is understood that by signing, activating and/or using the JN VISA Credit Card, the Applicant has accepted the terms and conditions set out in the Credit Card Cardholder Agreement. The applicant understands and accepts that the terms and conditions of the Agreement may change from time to time and consents to JN informing of changes to said Agreement through traditional or electronic mail; or, via branch, Member Care Centre or corporate website.

Regardless of whether credit is granted, the Applicant consents to JN exchanging information with other parties, including law enforcement authorities, entities within the JN Group and overseas associates, contractors, card issuers and card processors, or any other entity reasonably required in the ordinary course of business, concerning the Applicant's credit history, income and/or employment. Further, the Applicant agrees that JN may share information about the Credit Card Account through licensed credit reference agencies, credit bureau and other financial institutions. Shared information from these agencies or institutions is to make lending decisions and to prevent fraud. The Applicant certifies under penalties of perjury that the information provided in this Application is accurate and correct. By signing below the Applicant and all authorized users agree to the conditions contained herein.

Signature of Applicant:

Date:

(mm/dd/yyyy)