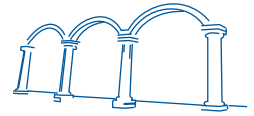




CMB

CARIBBEAN MERCANTILE BANK N.V.



Credit Card Application

Please fill in the form and forward it with a photocopy of your valid identification, a job reference letter from your employer and your last payslip to one of our branches, or fax it at 586-0203

Checkmark the card you are applying for

MasterCard Classic

MasterCard Gold

Kompa Leon

Visa Classic

Visa Gold

AAdvantage® Visa

AA Visa Platinum

Pagomatico

American Express Green

American Express Gold

Personal Information of Applicant

Identification Verified

Last Name:

First Name:

Middle Initial:

Birth Date:

ID Card #:

Home Address:

Home Tel:

Years living at this address:

Is your home owned or rented? Owned

Rented

Other

Passport # (if applicable):

Driver's License # (if applicable):

Personal References

A family member who does not live with you:

Relationship:

Home Address:

Home Tel:

Work Tel:

Principal Income Source of Applicant

Payslip Verified

Employer:

Position:

Years at present employment:

Employer's Address:

Employer's Tel:

Annual Income AWG:

Other Income AWG:

Source of other Income:

Previous employer (if applicable):

Position:

Years at previous employment:

Personal Information of Co-Applicant (if applicable)

Identification Verified

Last Name:

First Name:

Middle Initial:

Birth Date:

Relationship to applicant:

Home Tel:

Passport # (if applicable):

Driver's License # (if applicable):

ID card #:

Principal Income Source of Co-Applicant (if applicable)

Payslip Verified

Employer:

Position:

Years at present employment:

Employer's Address:

Employer's Tel:

Annual Income AWG:

Other Income AWG:

Source of other Income:

Previous employer (if applicable):

Position:

Years at previous employment:

Accounts

Current Account #:

Savings Account #:

Do you have any other Credit Cards at the Caribbean Mercantile Bank N.V.? Yes No

If yes, please list card names?

Do you have Credit Cards at other Banks? Yes No

If yes, which banks and what cards?

Caribbean Mercantile Bank N.V. reserves the right of approval for all applications submitted to its offices. The relationship of the Caribbean Mercantile Bank N.V. and its customers is governed by the "General Terms and Conditions of the Bank". The client agrees that credit screenings can be effected in connection with this application

Signature of Applicant

Date

Signature of Co-Applicant

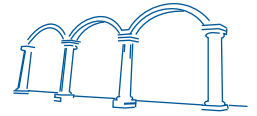
Date

For more information visit our website at www.cmbnv.com



CMB

CARIBBEAN MERCANTILE BANK N.V.



Aplicacion pa tarheta di credito

Yena e formulario aki y entreg'e hunto cu un copia di un identificacion valido, un carta di referencia di bo dunador di trabao y bo ultimo payslip na un di nos sucursalnan of fax'e na 586-0203

Pone un cruz na e tarheta cu bo ta aplicando p'e

MasterCard Classic

MasterCard Gold

Kompa Leon

Visa Classic

Visa Gold

AAdvantage® Visa

AA Visa Platinum

Pagomatico

American Express Green

American Express Gold

Informacion Personal di Apicante

Copia Identificacion Valido

Fam: _____ Number: _____ 2^{do} Inicial: _____

Fecha di Nacemento: _____ Number di Cedula: _____

Adres di Cas: _____ Telefon di Cas: _____

Añanan bibá na e adres: _____ Cas: Propio Huur Otro

Paspoort #: _____ Rijbewjis #: _____

Referencia Personal

Un famia of conoicir cu no ta biba cu bo: _____ Relacion: _____

Adres Actual: _____

Telefon di Cas: _____ Telefon di Trabao: _____

Fuente Principal di Entrada di Apicante

Payslip Entrega

Dunado di Trabao: _____ Posicion: _____ Añanan na Trabao: _____

Adres di Trabao: _____ Telefon di Trabao: _____

Entrada Anual AWG: _____ Otro Entradanan AWG: _____ Fuente di Otro Entrada: _____

Empleo Anterior (yena si ta aplicabel): _____ Posicion: _____ Añanan na e Trabao Anterior: _____

Informacion Personal di e Co-Apicante (si esaki ta aplicabel)

Copia Identificacion Valido

Fam: _____ Number: _____ 2^{do} Inicial: _____

Fecha di Nacemento: _____ Relacion cu Apicante: _____ Telefon na Cas: _____

Number di Cedula: _____ Paspoort #: _____ Rijbewjis #: _____

Fuente Principal di Entrada di Co-Apicante (si esaki ta aplicabel)

Payslip Entrega

Dunado di Trabao: _____ Posicion: _____ Añanan na Trabao: _____

Adres di Trabao: _____ Telefon di Trabao: _____

Entrada Anual AWG: _____ Otro Entradanan AWG: _____ Fuente di Otro Entrada: _____

Empleo Anterior (yena si ta aplicabel): _____ Posicion: _____ Añanan na e Trabao Anterior: _____

Cuentanan

Cuenta Coriente #: _____ Cuenta di Spaar #: _____

Otro Tarhetanan di Credito: _____

Na Caribbean Mercantile Bank N.V.: Si No

Na Otro Banco: _____

*Caribbean Mercantile Bank N.V. ta reserva e derecho di aprobacion di tur aplicacion cu wordo presenta na su oficinan.
E relacion entre Caribbean Mercantile Bank N.V. y su clientenan ta wordo determina pa e "Condicionnan General di Banco".
Cliente ta bay di acuerdo cu investigacionnan di credito por wordo haci en conecion cu e aplicacion aki.*

Firma di Apicante

Fecha

Firma di Co-Apicante

Fecha

Pa mas informacion tocante nos liña completo di tarhetanan, log-on na www.cmbnv.com