



COMPLETE THE FOLLOWING APPLICATION IN BLOCK LETTERS. ALL SHADED FIELDS ARE MANDATORY.

FOR FAST APPROVAL

Kindly include the following with your completed application:-
National Identification Card/Passport
Proof of Address (Utility Bills, Recent Bank Statements-last three months, post marked envelopes)
Job Letter and three(3) recent pay slips
If Self-Employed, Last three (3) Bank Statements and Income Statement.

CARD TYPE

Please check the card type and insert limit of your choice
 Visa Classic (US\$300.00-US\$5,000.00) Limit _____
 Visa Gold (US\$5,000.00-US\$10,000.00) Limit _____

APPLICANT INFORMATION

Mr. Mrs. Ms. Miss.

Surname First Name Other Name/s

Nationality Mother's Maiden Name No. of Dependents

Marital Status: Single Married Divorced Widowed Other

ID Type and Number (attach copy) Date of Birth M M D D Y Y Y Y

Current Address within last 10 years (attach copy)

Own/Buying Rent Other _____ Monthly Payment \$ _____

Home Telephone No. Work Telephone No. Mobile No.

If less than 10 years at current address, please supply previous address No. of years there

Own/Buying Rent Other _____ Monthly Payment \$ _____

Do you have an existing loan with Citizens Bank Guyana Inc. No Yes \$ _____

Other Lenders No Yes \$ _____ Other Credit Cards No Yes \$ _____

Mailing Address (If different from current)

E-mail Address

Next of Kin (**Not** living with you) Relationship

Address of Next of Kin

Home Telephone No. Work Telephone No. Mobile No.

Please print name in the boxes above exactly as it should appear on the Card.
It should include the complete surname and full name should not exceed 20 spaces.

EMPLOYMENT INFORMATION

Attach job letter/if self employed, attach last three(3)Bank Statements and Personal Financial Statements)

Full-Time Part-Time Self-Employed Retired

Employer's Name Type of Business

Employer's Address

Telephone No. Fax No. Occupation/Position Years with Employer

If less than 10 years with current Employer, please state name of previous Employer

Address of previous Employer Years with Employer

Gross Monthly Income (Main) \$ _____ Gross Monthly Income (Co-Applicant) \$ _____

Other Source (Main) \$ _____ Other Source (Co-Applicant) \$ _____

Total Gross Income \$ _____ Total Gross Income \$ _____

CO-APPLICANT INFORMATION

Mr. Mrs. Ms. Miss. Relationship _____

Surname First Name Other Names/s

Nationality Mother's Maiden Name No. of Dependents

Marital Status: Single Married Divorced Widowed Other

ID Type and Number (attach copy) Date of Birth M M D D Y Y Y Y

Current Address within last 10 years (attach copy)

Own/Buying Rent Other _____ Monthly Payment \$ _____

Home Telephone No. Work Telephone No. Mobile No.

If less than 10 years at current address, please supply previous address No. of years there

Own/Buying Rent Other _____ Monthly Payment \$ _____

Mailing Address (If different from current)

E-mail Address

Employer's Name Type of Business

Employer's Address

Telephone No. Fax No. E-mail Years with Employer

Occupation/Position Monthly Income

Previous Employer's Name Type of Business

Address

Telephone No. Fax No. E-mail Years with Employer

Occupation/Position Monthly Income

Source of other income (Proof Required)

Please print name in the boxes above exactly as it should appear on the Card.
It should include the complete surname and full name should not exceed 20 spaces.

FINANCIAL SUMMARY

ASSETS	DESCRIPTION	VALUE/BALANCE
Residence		\$
Other real estate		\$
Other Assets		\$
Automobile		\$
		\$
		\$
TOTAL ASSETS		\$

PAYMENTS	INSTITUTION	MONTHLY PAYMENTS	BALANCE
Mortgage/Rent		\$	\$
Car Loan		\$	\$
Hire Purchase		\$	\$
Credit Card		\$	\$
Other Expenses		\$	\$
Utilities		\$	\$
Other Loans		\$	\$
Insurance		\$	\$
Loans Fin. Inst.		\$	\$
TOTAL MONTHLY PAYMENTS/TOTAL LIABILITIES		\$	\$

BANKING INFORMATION (SAVINGS, CURRENT ACCOUNT)

NAME & ADDRESS OF FINANCIAL INSTITUTION	ACCOUNT TYPE & ACCOUNT NUMBER	BALANCE	MONTHLY PAYMENT
1.			
2.			
3.			
4.			

GROSS MONTHLY INCOME

From my Employer \$	From my Co-Applicant \$	Other Income \$
Sources (proof required)	Total monthly Income	\$

I hereby certify that I am eighteen (18) years or older and the information provided is accurate. Everything that I have stated in this application is, to the best of my knowledge true and correct. By signing this application, I authorize you to check my credit and employment history and to answer questions about my experience with you. I certify that I have read and understood the terms and conditions of this application. I hereby authorize Citizens Bank Guyana Inc. to check my credit and how I handle my accounts with similar credit institutions in order to determine my eligibility for the Citizens Bank Guyana Inc. Credit Card. The laws and regulations of Guyana govern this agreement. I agree to the conditions that govern the use of the Credit Card issued by Citizens Bank Guyana Inc.

SIGNATURE OF PRIMARY CARDHOLDER _____ **DATE** _____

SIGNATURE OF CO-APPLICANT _____ **DATE** _____

BANK USE ONLY

Card Type: Visa Classic (US\$300.00-US\$5,000.00) Visa Gold (US\$5,000.00 - US\$10,000.00) CIF No: _____
 Card Limit: Visa Classic US\$ _____ Visa Gold US\$ _____ Existing Customer Yes No

Branch Manager _____ **Date** _____
Rating Officer _____ **Date** _____
Approved By _____ **Date** _____
Approved by _____ **Date** _____

4 C's USE ONLY

Account Number _____
 Date Received _____ Date Processed _____
 Input Operator _____ Date Dispatched _____

APPLICATION NUMBER: _____ **DATE** _____