



Bank of The Bahamas

L I M I T E D

EZ TOP-UP LOAN APPLICATION FORM

BANKING INFORMATION (PRIMARY BORROWER)			
BRANCH NAME:		CIF:	
PERSONAL INFORMATION (PRIMARY BORROWER)			
LAST NAME:	FIRST NAME:		MIDDLE NAME:
DATE OF BIRTH: (DD/MM/YYYY)	AGE:	NIB NUMBER:	MONTHLY INCOME: \$
TEL. (Home): () () - ()	TEL. (Mobile): () () - ()	TEL. (Work): () () - ()	
EMAIL ADDRESS:			
EMPLOYMENT INFORMATION			
EMPLOYER NAME: _____		LENGTH OF EMPLOYMENT: _____	
JOB TITLE: _____		ADDRESS: _____	
BANKING INFORMATION (CO-SIGNOR)			
CIF#:			
PERSONAL INFORMATION (CO-SIGNOR)			
LAST NAME	FIRST NAME		MIDDLE NAME
DATE OF BIRTH: (DD/MM/YYYY)	AGE:	NIB NUMBER:	MONTHLY INCOME: \$
TEL. (Home): () () - ()	TEL. (Mobile): () () - ()	TEL. (Work): () () - ()	
EMPLOYMENT INFORMATION			
EMPLOYER NAME: _____		LENGTH OF EMPLOYMENT: _____	
JOB TITLE: _____		ADDRESS: _____	
REQUEST			
EZ TOP-UP AMOUNT: \$			
PRIMARY BORROWER SIGNATURE:			DATE:
CO-SIGNOR SIGNATURE:			DATE:



EZ TOP-UP APPLICATION FORM

FOR OFFICIAL BANK USE ONLY			
LOAN INFORMATION			
LOAN NUMBER:	SETTLEMENT ACCOUNT:	CIF:	
ORIGINAL LOAN AMT (\$):	CURRENT BALANCE (\$):	NEW BALANCE (\$):	
CURRENT MATURITY DATE: (MM/YY)	NEW MATURITY DATE: (MM/YY)	PAYMENT AMT: \$	DEDUCTION AMT: \$
REPAYMENT HISTORY: <input type="checkbox"/> GOOD <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> FAIR <input type="checkbox"/> POOR			
LOAN STATUS AND SECURITY ATTESTATION			
LOAN CURRENT: <i>(If loan is not current, application must be referred to CRM)</i>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
COLLATERAL SECURITIES CHECK: <i>(For loans where Sal. Ded. is not primary source of repayment)</i>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
SALARY DEDUCTION COMING IN AS AGREED:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
SALARY DEDUCTION SUFFICIENT TO COVER PAYMENT:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
VERIFIED BY			
NAME:	POSITION:	DATE:	
BRANCH COMMENTS			
PREPARED BY			
NAME:	SIGNATURE:	POSITION:	DATE: (DD/MM/YYYY)
SUPPORTED BY			
NAME:	SIGNATURE:	POSITION:	DATE: (DD/MM/YYYY)
APPROVED BY			
NAME:	SIGNATURE:	POSITION:	DATE: (DD/MM/YYYY)
POST REVIEW			
FEE COLLECTED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	NO DEBIT ON SETTLEMENT ACCOUNT?	YES <input type="checkbox"/> NO <input type="checkbox"/>
COMPLETED BY			
NAME:	SIGNATURE:	POSITION:	DATE: