

## Monthly Family Budget Analysis

Omit Cents

BZ\$

### Income

1. Gross Monthly Income
2. Less - Deductions at source
3. Net Take Home Pay
4. Spouse's Monthly Income (Add 20% of spouse's income)
5. Other (specify)
6. Total Net Monthly Income

### Expenditures

7. Shelter
  - a. 1st Mortgage (Incl. taxes)
  - b. 2nd Mortgage
  - c. Maintenance & Repairs on Property
  - d. Rent
  - e. Property Insurance
  - f. Electricity
  - g. Telephone
  - h. Water
  - i. Cable TV

8. Transportation
  - a. Vehicle License
  - b. Vehicle Insurance
  - c. Vehicle - Operating Expenses
  - d. Public Transportation

9. Living Expenses
  - a. Food
  - b. Clothing
  - c. Medical & Dental
  - d. Life Insurance Premium
  - e. Entertainment & Social
  - f. Other (specify)

10. Installment Obligations
  - a. BBL (APL)
  - b. Alliance Loan
  - c. Atlantic Loan
  - d. Scotia Loan
  - e. FCIB Loan
  - f. DFC Loan
  - g. Credit Union
  - h. Courts Belize
  - i. Credit Card
  - j. Credit Card
  - k. Mortgage Loan

11. Monthly Savings
12. Total Monthly Commitments
13. Residue
14. Gross Commitments/Income %

Date

Signature of:

### Benefits:

#### Superior Recognition

Our Belize Bank Visa Local Card can be used at any participating merchant countrywide.

#### Additional Cards

Additional cards can be issued to your family or business partner on your credit card account and charges made by these persons will be included in your statement.

#### Instant Cash with your Card

You can obtain cash with your Visa card from any bank or ATM in Belize displaying the Visa logo.

#### Replacement of Lost or Stolen Cards

If your card is lost or stolen, we will replace it within 3 business days from the date your report was taken at any of our branches.

#### Making your Payments

Statements will be mailed to you on a monthly basis and you have the option of paying your entire balance within 20 days after the statement date or paying in installments. If the latter option is taken, a minimum of 5% of the outstanding balance or BZ \$25.00, whichever is greater, must be paid before the due date. Payments can be made at any of our branches.

#### Interest Charge

If the entire balance is paid by the due date, no interest will be charged, but if partial payments are made, an interest charge will be levied per month on the average daily balance. Our interest rate is competitive with those on the local market.

**belize bank**  
Our Country. Your Bank

#### Card Service Center

21 Regent Street  
Belize City, Belize  
Tel: 501-227-7082  
Fax: 227-1078  
Email: [bbccards@belizebank.com](mailto:bbccards@belizebank.com)

[www.belizebank.com](http://www.belizebank.com)

# belize bank

Our Country. Your Bank

**VISA**  
LOCAL  
CREDIT CARD  
APPLICATION



Please print clearly and provide all information requested.

Bank Use Only  
Account Number

### Personal Data

Title     Mr.     Mrs.     Miss     Dr.  
 Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Middle Name \_\_\_\_\_  
 D.O.B. (DD/MM/YY) \_\_\_\_\_  
 Social Security No. \_\_\_\_\_

Marital Status     Single     Married     Divorced     Widowed

Home Add. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Add. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Email Add. \_\_\_\_\_  
 Home Ph. \_\_\_\_\_  
 Work Ph. \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 \_\_\_\_\_

Employer's Name \_\_\_\_\_  
Employer's Add. \_\_\_\_\_

Yrs/Mths w/ Employer \_\_\_\_\_

Name of Spouse \_\_\_\_\_  
Spouse's Occupation \_\_\_\_\_

Name of Spouse's Employer \_\_\_\_\_  
 \_\_\_\_\_  
 Add of Spouse's Employer \_\_\_\_\_  
 \_\_\_\_\_  
 Name of Relative/Friend not living with you \_\_\_\_\_  
 \_\_\_\_\_  
 Add of Friend/Relative \_\_\_\_\_  
 \_\_\_\_\_

### Additional Applicant Information

Title     Mr.     Mrs.     Miss     Dr.  
 Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Middle Name \_\_\_\_\_  
 D.O.B. (DD/MM/YY) \_\_\_\_\_  
 Social Security No. \_\_\_\_\_

Marital Status     Single     Married     Divorced     Widowed

Email Add. \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer's Name \_\_\_\_\_  
 Employer's Add. \_\_\_\_\_  
 \_\_\_\_\_  
 Name of Spouse \_\_\_\_\_  
 Home Ph. \_\_\_\_\_  
 Work Ph. \_\_\_\_\_

Credit Limit Required    BZD\$ \_\_\_\_\_

(Minimum BZ\$500. Higher limit in multiples of BZ\$500)

Print the way you would like your name to appear on the card (26 character limit)

Character grid for name printing

Additional Applicant

Character grid for additional applicant name

### Financial Summary

Gross Monthly Income Salary \_\_\_\_\_  
 Co-Applicant's Income \_\_\_\_\_  
 Other Income \_\_\_\_\_  
 \_\_\_\_\_  
 Source of Other Income \_\_\_\_\_  
 \_\_\_\_\_  
 Gross Family Income \_\_\_\_\_

### Statements of Assets and Liabilities

| Assets         |                    |
|----------------|--------------------|
| Cash           | _____              |
| Motor Vehicles | _____              |
| Real Estate    | _____              |
| Other Assets   | _____              |
| Total          | _____              |
| Liabilities    |                    |
| Bank Loan A/C  | Monthly Commitment |
| Mortgages      | _____              |
| Other Debts    | _____              |
| Surplus        | _____              |
| Total          | _____              |

Have you borrowed in the past from this or any other branch?

Yes     No

### Bank Information

| Bank Account | Type of Account | Account Number |
|--------------|-----------------|----------------|
| _____        | _____           | _____          |
| _____        | _____           | _____          |
| _____        | _____           | _____          |
| _____        | _____           | _____          |

Details of Real Estate if any including Location, Market Value and Encumbrances.

Blank lines for Real Estate details

### Signature

If this application is approved, please open an account in my name, issue a Credit Card on the account to me and all other applicants who are signing this application and periodically renew or replace the card(s). I certify that all information I have supplied to you (The Belize Bank Limited) in this application is true and complete. I agree to be bound by the Cardholder Agreement (as varied from time to time by you at your discretion) that you will send me at the same time you issue, renew, or replace the card(s). If I sign, use or accept my card, it will mean that I have received and read the Agreement and that I have understood and agreed with you with respect to everything written therein. I will be liable to you for all amounts charged to the account with or in connection with my card.

If there is more than one applicant, we will be jointly and severally liable to you for all of that debt, and all other terms that we have agreed to with you, here and in the Cardholder Agreement. I authorize you to request financial information and references from any other financial institution.

Signature of applicant

Signature of additional applicant

Date

Date

LOCAL VISA CREDIT CARD APPLICATION  
*Our Country. Your Bank*