



Butterfield

P.O. Box 705 Grand Cayman KY1-1107 Cayman Islands

Tel: (345) 949 7055 | Fax: (345) 949 7004

www.butterfieldgroup.com

ADDITIONAL CARDHOLDER REQUEST

Main Cardholder Information

Cardholder's Name:	_____
Credit Card Number:	_____
Current Address:	P O Box: _____
Home Telephone No.	_____ Work Telephone No. _____

To Add Secondary Cardholder

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> _____	Date of Birth (D/M/Y): _____
First Name(s): _____	Surname: _____
Mailing Address: _____	Home Address: _____
Telephone Number: (H) _____ (W) _____	Employer: _____
Employer address: _____	Position: _____

To Add Other Shared Cardholders

• <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> _____	Date Of Birth (D/M/Y): _____
First Name: _____	Last Name: _____
• <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> _____	Date Of Birth (D/M/Y) _____
First Name: _____	Last Name: _____



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ADDITIONAL CARDHOLDER REQUEST CONT'D

I/We hereby apply to Butterfield Bank (Cayman) Limited to add the above person(s) to the specified credit card account, and I/we agree to, and will comply with, the terms of the Cardholder Agreement in force from time to time.

I/We also agree to pay an Annual Membership Fee for each cardholder account, whether or not the card account is used.

	Main Cardholder's	Second Cardholder's
Date: _____	Signature: _____	Signature: _____

Other Shared Cardholder's	
Signature: _____	Signature: _____

CREDIT: <input type="checkbox"/> Approved <input type="checkbox"/> Declined	CARD SERVICES: <input type="checkbox"/> Name Added. <input type="checkbox"/> Number Plastics
Changed (NM NA or CNM)	<input type="checkbox"/> Card(s) Embossed

Credit Officer: _____	Date: _____	Cards Supervisor: _____
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