



Butterfield

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

www.butterfieldgroup.com

OVERDRAFT REQUEST FORM

Personal Lending

When complete, please deliver the original to any Butterfield Banking Centre, fax to 815 7970, or e-mail to personallending.cayman@butterfieldgroup.com.

If you have a chequing account and require funds for a short period of time, you can apply for an overdraft facility. Overdrafts allow you to extend your cash resources to meet unexpected or short-term expenses. It can be utilised to the approved limit whenever needed and should revolve regularly. Interest is only charged on the funds used. All overdraft facilities are repayable upon demand. An agreed upon set-up fee will apply. Turnaround time will be confirmed upon acknowledging receipt of the completed request.

Client name(s): _____		Date of birth (dd/mm/yyyy): _____	
Chequing account number: _____	Amount requested: \$ _____	Currency: CI\$ <input type="checkbox"/>	US\$ <input type="checkbox"/>
Date required (dd/mm/yyyy): _____	Expiry date (dd/mm/yyyy): _____		

Reason for request: _____

Source of repayment: _____

Place of employment: _____

Position and length of service: _____ Contact details: _____

FOR BANK USE ONLY

Approved facility type: <input type="checkbox"/> Temporary <input type="checkbox"/> Perpetual	Offer Letter required: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Authorised by	_____ Date
_____ Authorised by	_____ Date
Collateral (if applicable): _____	Total USD exposure: \$ _____
Credit Officer name/code: _____	BRR (CASA): _____

CR18-11

Information Classification: Confidential



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PERSONAL FINANCIAL INFORMATION: CI\$ US\$

Assets	Amount	Liabilities	Amount
Real estate	\$	Butterfield loans (total)	\$
Motor vehicle(s)	\$	Other loans (total)	\$
Investments	\$	Credit cards (balance)	\$
Bank balances	\$	Overdraft(s)	\$
Other (specify)	\$	Other (specify)	\$

Total assets	\$	Total liabilities	\$
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Monthly Income	Amount	Monthly Expenses	Amount
Basic salary	\$	Rent/Mortgage payment	\$
Co-applicant's Income	\$	Loan repayment(s)	\$
Other - list source(s)	\$	Insurance premium(s)	\$
	\$	Strata	\$
	\$	Other	\$

Total income	\$	Total expenses	\$
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ATTESTATION:

I/We hereby represent, warrant and confirm that all the foregoing statements are true and correct and have been made by me/us knowing the Bank will rely thereon in considering this application. I hereby authorise and consent to the Bank obtaining further information relevant to this application about me, and checking the information I have given here and exchanging information about me with other financial institutions.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

FOR BANK USE ONLY

Customer No. / Liability ID: _____ Annual review date (Perpetual only): _____

Base rate: _____ Fee: \$ Paid Collect now

Rate code: _____ DSR over OD term (Comments): _____

Sanctioned margin: _____ Unsanctioned margin: _____

Credit history (comments): _____

CR18-11