



# Butterfield

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

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

## OVERDRAFT REQUEST FORM

Personal Lending

**When complete, please deliver the original to any Butterfield Banking Centre or fax to 815 7970.**

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 utilized to the approved limit whenever needed and should revolve regularly. Interest is only charged on the used funds. An agreed upon set-up fee will apply. Turnaround time will be confirmed upon acknowledging receipt of the completed request.

Client name(s):

Chequing account number:

Amount requested: \$

Currency: CI\$

US\$

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:

Temporary

Perpetual

Offer Letter required:

Yes

No

Authorised by

Date

Authorised by

Date

Collateral (if applicable):

Total USD exposure: \$

Credit Officer name/code:

BRR (CASA):



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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)	\$

<b>Total Assets</b>	<b>\$</b>	<b>Total Liabilities</b>	<b>\$</b>
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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	\$

<b>Total Income</b>	<b>\$</b>	<b>Total Expenses</b>	<b>\$</b>
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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 you will rely thereon in considering the above application.

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