

# ROYAL BANK DHHS CREDIT CARD APPLICATION

Please print clearly and provide all information requested. Each individual signing this application must have reached the age of majority. Do not enclose annual fee. You will be billed later.

Royal Bank DHHS Credit Card

Annual Fees: Applicant: \$15,  
Each Co-Applicant: \$5  
Annual Interest Rate: 14%

## ABOUT MYSELF

Mr.  Ms. Last Name First Name Middle Initial National/Social Insurance or Identification Number DHHS Patient Number  
 Mrs.  Miss

Home Address P.O. Box/Apt. No., Street Number, Name City/Town

Country Postal/Zip Code (Area Code) Telephone (Res.) Day Date of Birth Mo Yr Passport Number  Single  Divorced  Married  Widow(er) No. of Dependents (excluding spouse)

Spouse's Name Occupation (Area Code) Telephone (Bus.) National/Social Insurance or Identification Number

Present Address Mo Yr  Own  Rent Billing Address (if different from home address above) Lived there since: per month \$

Previous Address Mo Yr Previous Address (if at present address less than 2 years) Lived there since:

Name and address of nearest relative/friend not living with me (Area Code) Telephone Relationship

## MY PLACE OF WORK

Employer's Name, Address, Postal/Zip Code  Part Time  Full Time (Area Code) Telephone Extension Occupation Employed Since Mo Yr

Previous Employer (if with above less than 2 years)  Part Time  Full Time (Area Code) Telephone Extension Occupation How Long?

Students - University/College, Address, Postal/Zip Code  Part Time  Full Time Years There  Living with parents  Campus Field of Study/Major Present year of Study Expected to Graduate Mo Yr

## MY FINANCIAL SUMMARY

Assets	Description	Value/Balance	Liabilities	Description/Name	Monthly Payments	Balance
Residence		\$	Mortgage Co/Bank (or name of landlord)		\$	\$
Automobile (yr. & make)		\$	Car Loan		\$	\$
Investments	1.	\$	Other Liabilities	1. Loans-Fin Inst.	\$	\$
	2.	\$		2. Loans-Other	\$	\$
	3.	\$		3. Bank Credit Card	\$	\$
	4. Other	\$		4. Other/Hire Purchase	\$	\$
<b>Total Assets</b>		<b>\$</b>	<b>Total Monthly Payments/Total Liabilities</b>		<b>\$</b>	<b>\$</b>

**Banking Information** Name Address Chequing Account Number Savings Account Number Other Account Number(s)

**Gross Monthly Income** From My Employer \$ From My Co-Applicant \$ Other Income \$ Sources Total Monthly Income \$

My Royal Bank Client Card Number Current Royal Bank Credit Card Number Standard Credit Limit \$500/Other Credit Limit Requested: \$

## CO-APPLICANT INFORMATION

Mr.  Ms. Last Name First Name Middle Initial National/Social Insurance or Identification Number Date of Birth Day Mo Yr DHHS Patient Number  
 Mrs.  Miss

Employer's Name and Address (Area Code) Telephone (Bus.) (Area Code) Telephone (Res.) Occupation Employed Since Mo Yr Royal Bank Client Card Number

The terms set out on the left panel of this Application are part of this Application. I am agreeing with you to everything written here and on the left panel of this Application.

Date	Applicant's Signature						Co-Applicant's Signature						
Customer Number	Card Number	Product I.D.	Customer Category	Sex	Language	Marital Status	Other Credit Cards	Risk Category	Housing	Country			
Employment	Occupation	Income Code	Opening Merchant	Credit Limit	Type of I.D.	Account Agreement	Currency	Agreement Status	Method of Payment	Direct Debit Start Date Day Mo Yr	Transit I.D.	Direct Debit Account Number	Processing Group
Co-Applicant Customer Number	Applicant - RIBS Number	Co-Applicant - RIBS Number	Approval Officer	Reject Reason									

DETACH AND ENCLOSE THE APPLICATION IN THE ENVELOPE. MOISTEN THE FLAP. FOLD AND SEAL.

Enquire about the Royal Bank of Canada Family of Credit Cards.

