



P.O.Box 31216 SMB, Grand Cayman
Tel: (345) 945-1114 Fax: (345) 945-3686
Email: platinum@candw.ky

Tenant Application Form

Property Applicant
Date of Birth Nationality:
Month / Day / Year

Move-in Date
Rent
Sec. Deposit

Home Tel:
Home Fax:
Email:

How many persons will reside in the premises ?
adults children : ages:
Non-smoking Smoking
No Pets Pets
If pets: how many
What kind of pets?

PO Box & Property Address:
Present Landlord/ Residence:
Reason for leaving

How Long?
Phone:

Previous Address:
(if present is less than 1 year)

How Long?

Employment References:

Employer (local Co.)
P.O.Box & Business Address
Occupation/Position:
Work Tel:
Work Fax:
Employed for:
Years / month

(If less than 1 year with present employer, please give previous employer information below)

If Self-employed, please give details of:

Nature of Business:
Address:
Date Business Established
Date business incorporated as a company

Local Bank Reference:

Bank Name:
Contact:
CI\$ Checking US\$ Checking
CI\$ Savings US\$ Savings

Personal References:

Name: Address Phone ()
Name: Address Phone ()
In an emergency notify: Relationship Phone ()

SIGNATURE: DATE:

The information provided on this application is accurate to the best of my knowledge and subject to verification by Platinum
* A COLOR COPY OF YOUR PASSPORT ID WILL BE REQUIRED UPON APPROVAL OF THIS APPLICATION