

VEHICLE RELOCATION AND SHIPPING REQUEST FORM



A completed and signed Vehicle Relocation and Shipping Request Form may be sent via email to CLMSOPS@boh.com, mailed to Bank of Hawaii, Attn: Customer Loan Management Services #273, P.O. Box 2900, Honolulu, HI, 96846-6000, delivered to the nearest Bank of Hawaii branch or faxed to (808) 694-1518.

THE FOLLOWING ITEMS ARE REQUIRED:

1. A completed Vehicle Relocation and Shipping Request Form signed by all Borrowers in ink. Electronic signatures will not be accepted.
2. A copy of current vehicle's Insurance Binder/Declaration page that shows Bank of Hawaii as the loss payee, and the comprehensive and collision deductible coverages are both \$500 or less.
3. The Loan must not be past due.

Please allow up to seven (7) business days for Bank of Hawaii to send the approved letter to the email or branch of your choice indicated below once we receive a complete and signed Vehicle Relocation and Shipping Request Form with all required information. The approval letter is valid for 30 days.

Note: Your request will be considered withdrawn after 30 days if this form is not signed and completed with all required information.

VEHICLE'S DESTINATION INFORMATION

PORT DESTINATION:	EMAIL OR BRANCH TO SEND APPROVAL LETTER TO:	BORROWER'S DEPARTURE DATE:
REASON FOR RELOCATION REQUEST:		SHIPPING DATE:

BORROWER'S INFORMATION

DATE OF REQUEST:	ACCOUNT NUMBER:		
BORROWER'S NAME:	BORROWER'S SSN:	BORROWER'S EMAIL:	
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE):		BORROWER'S PHONE #:	
BORROWER'S EMPLOYER NAME (STREET, CITY, STATE, ZIP CODE):		BUSINESS PHONE #:	
CO-BORROWER NAME:	CO-BORROWER'S SSN:	CO-BORROWER'S EMAIL:	
CO-BORROWER'S CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE):		CO-BORROWER'S PHONE #:	
CO-BORROWER'S EMPLOYER NAME (STREET, CITY, STATE, ZIP CODE):		BUSINESS PHONE #:	

BORROWER'S DESTINATION INFORMATION

BORROWER'S NEW ADDRESS (STREET, CITY, STATE, ZIP CODE):	
BORROWER'S NEW EMPLOYER NAME AND (STREET, CITY, STATE, ZIP CODE):	BUSINESS PHONE #:
CO-BORROWER'S NEW ADDRESS (STREET, CITY, STATE, ZIP CODE):	
CO-BORROWER'S NEW EMPLOYER NAME (STREET, CITY, STATE, ZIP CODE):	BUSINESS PHONE #:

PERSONAL REFERENCES (Minimum of 3 references with full names, address, phone number and relationship. One family member is preferred.)

REFERENCE NAME ADDRESS (STREET, CITY, STATE, ZIP CODE):	PHONE #:	RELATIONSHIP:
REFERENCE NAME ADDRESS (STREET, CITY, STATE, ZIP CODE):	PHONE #:	RELATIONSHIP:
REFERENCE NAME ADDRESS (STREET, CITY, STATE, ZIP CODE):	PHONE #:	RELATIONSHIP:

SIGNATURE(S): By signing below, you represent that all the information you have provided above is true and correct, and you authorize Bank of Hawaii to verify the aforementioned information, both now and in the future.

BORROWER SIGNATURE

DATE

CO-BORROWER SIGNATURE

DATE