

Dear Borrower(s):

In order to expedite your request to ship your automobile outside of the state of Hawaii, please complete and sign the enclosed **“Application for Authority to Ship Vehicle”**. If there is a co-borrower on the loan, the co-borrower must also complete and sign the co-applicant portion of the application. Your assistance is also requested in providing us with the following documents:

- A signed statement from your future employer that will verify your employment.
- If you are in the Armed Forces, submit a copy of your orders indicating your new reassignment location.
- A copy of your current insurance card.
- A copy of your current registration.
- If shipping of vehicle is made by a third party, please provide a letter authorizing such third party to ship the vehicle including name and phone number of third party, description of the vehicle (year, make model and serial number) and original signature of owner(s).

Please drop off all required documents to any First Hawaiian Bank branch Customer Service Representative or mail to the address below. You will be notified within 48 business hours upon receipt of your request of our decision concerning the shipment of your automobile. Incomplete request will delay the processing of your application. If you have any questions, please call (808) 844-3886 or (808) 844-3971.

First Hawaiian Bank
Hawaii Dealer Division

Enclosure: Application for Authority to Ship Automobile CC-631



APPLICATION FOR AUTHORITY TO SHIP AUTOMOBILE REMOVAL OF AUTOMOBILE OUTSIDE THE STATE OF HAWAII

Outer Island Shipping --No Authorization or Approval is required
Application must be completed.

The following items must be attached to application:

- Current Insurance Current Registration
- Military Orders (if applicable)
- Employment Verification Letter

SUBMIT 30 DAYS PRIOR TO SHIPPING DATE

Applicant - Relocating Yes No

First and Last Name
Primary Phone Number <input type="checkbox"/> Mobile
Email Address (Optional)

Co-Applicant - Relocating Yes No

First and Last Name
Primary Phone Number <input type="checkbox"/> Mobile
Email Address (Optional)

Applicant Reference: (not residing with applicant)

Name:
Address:
Phone Number:

Co-Applicant Reference: (not residing with co-applicant)

Name:
Address:
Phone Number:

Applicant Current Employment:

Company:
Address:
Business Phone Number:

Co-Applicant Current Employment:

Company:
Address:
Business Phone Number:

Future Employment: (Submit Verification of employment letter)

Company:
Position: Salary
Address:
Business Phone Number:

Future Employment: (Submit Verification of employment letter)

Company:
Position: Salary
Address:
Business Phone Number:

Reason for Shipment Request: Please select one of the following

<input type="checkbox"/> School (List Name of University/College)	<input type="checkbox"/> Military Orders	<input type="checkbox"/> Job Relocation
Name of Driver (Attending School):		Physical Address:
Contact No:		
<input type="checkbox"/> Other (detail of moving):		

Shipping Information:

Date of Shipment:	Shipping Carrier or Moving Company:	Port of Entry: (City & State)
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Future Residence Information:

<input type="checkbox"/> Temporary Address	Physical Address:	Mailing Address: (if different from physical address)
Care of:	City, State & Zip code:	City, State & Zip code:
Mobile Phone Number:	Alternate Phone Number:	

I hereby certify all information furnished above to be correct. Any change of employment, residence, address, or phone number will be furnished to you in writing within ten (10) days of such a change.

Applicants Signature

Date

Co-Applicant Signature

Date

For Bank use only (Receiving Branch)

Date emailed to Hawaii Dealer Division:	Loan No. :	Current Loan Balance:
Emp. Name:	Ph. No.:	Branch No. & Location:
Applicant ID No.:	Issue state:	Expiration:
Co-Applicant ID No.:	Issue state:	Expiration: