

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 coapplicant portion of the application. Your assistance is also requested in providing us with the following documents:

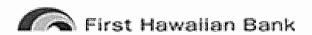
- A signed statement from your future employer that will verify your employment.
- If you are in the Armed Forces, submit a copy of your orders indicating your new reassignment location.
- A copy of your current insurance card.
- A copy of your current registration.
- If shipping of vehicle is made by 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

First Hawaiian Bank • P.O Box 2400 • Honolulu • Hawaii 96804-2400 • fhb.com



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 Release		Vos 🗆 No		Co Appli	cant	Dologoti	ng 🗆 Vog 🖂 No		
Applicant - Relocating Yes No First and Last Name					Co-Applicant - Relocating Yes No First and Last Name				
Primary Phone Number Mobile				Primary Phon	Primary Phone Number Mobile				
Email Address (Optional)				Email Address	Email Address (Optional)				
Applicant Reference:	(not resid	ling with appli	icant	t) Co-Applica	nt Re	ference: (not	residing with co-applicant)		
Name:				Name:					
Address:				Address:					
Phone Number:				Phone Num	Phone Number:				
Applicant Current Employment:				Co-Applica	Co-Applicant Current Employment:				
Company:				Company:					
Address:				Address:	Address:				
Business Phone Number:				Business Pho	one Nur	mber:			
Future Employment: (S	lubmit Veri	fication of employ	ment	letter) Future Emp	loyme	ent: (Submit Ver	rification of employment letter)		
Company:				Company:	Company:				
Position: Salary				Position:	Position: Salary				
Address:				Address:	Address:				
Business Phone Number:				Business Pho	ne Nur	nber:	ANALYS AND ANALYS ANALYS AND ANALYS ANALYS AND ANALYS ANALYS AND ANALYS AND ANALYS AND ANALYS AND ANALYS AND ANALYS AND A		
Reason for Shipmen	t Regu	est: Please se	elect	t one of the following					
	· ·	Military Or			cation	1			
School (List Name of Uni	versity/Colle			iver (Attending School):	Physic	cal Address:			
		Contact	No:						
Other (detail of movin	ng):						The state of the s		
Shipping Information	n:								
			rrier or Moving Company:			Port of Entry: (City & State)			
Future Residence Inf	ormat	ion:				- Constitution - Cons			
Temporary Address Physical Address:			Ma			ailing Address: (if different from physical address)			
Care of:	City, Sta	te & Zip code:			City, State & Zip code:				
Mobile Phone Number:	pile Phone Number:					Alternate Phone Number:			
I hereby certify all informat number will be furnished to						oyment, reside	nce, address, or phone		
Applicants Signature D			e Co-Applicant Signatu			ature	Date		
		For Ba	ınk	use only (Receivir	ng Br	anch)			
Date emailed to Hawaii Dealer Division:			Loan No. :			Current Loan Balance:			
Emp. Name: Pi			No.: Branch N). & Location:			
Applicant ID No.:			Issue state:			Expiration:			
Co-Applicant ID No.:			Issue state:			Expiration:			