	ARDS/AUTOMATED BANKING MAC					
Financial Institution Card Number		Cardholder				
OTHER CARDS						
Card Name	Card Issuer	Card Number	Cardholder			
IMPORTANT DOCUMENT	rs					
	ealth, Life, Home, Auto etc.)					
Туре	Name of Company	Policy Number	Owner			
PASSPORTS						
Name of Holder	Country	Expiry Date	Number			
OTHER DOCUMENTS						
Туре	Description	Number	Owner			
			C II D			
other family member(s) living	cable, any Scotiabank Group Member or its in the same household who sign below. documents with the Card Registry Service' a					
companies listed on this form theft of those cards and, when	(and such other credit or debit card issuing e possible, to arrange for the re-issuance ar lian and US credit or debit cards as long as	companies which you register for the (and delivery of those cards to you or, up	Card Registry Service from time to to oon your request to change your ad	time), of the loss or		
By signing below, you also agr www.scotiabank.com; that we Service and to meet our legal a	ree to abide by the Scotiabank Group Privac may collect and use personal information and regulatory requirements; and that we re operating the Card Registry Service. You also	y Agreement, copies of which can be or from you and about you to set up, mai may use, give to, obtain, verify, share a	obtained at any Scotiabank branch nage and provide you with ongoing and exchange information about yo	g Card Registry u with others for the		
Primary Cardmember's signatu	ure Date	Secondary Cardmember's	signature	Date		
,	the Primary Cardmember's spouse or othe	r family members living in the Primary	Cardmember's household:			
Spouse's name (print)	-	Signature		Date		
Family member's name (print)		Signature		Date		

Name	
Address	
City/Province	
Postal Code	

Please use a separate copy of this form for additional family members.



1000067627-L3R6G7-BR01

† The Card Registry Service is provided through a 3rd party service provider. * Visa Int/Lic. user The Bank of Nova Scotia. ® Registered trademarks of The Bank of Nova Scotia.

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Scotiabank Membership Services PO Box 7300 Kingston, ON K7L 0B2



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ScotiaGold Passport VISA Card Registry Service

Register all personal Canadian and US credit cards, debit cards and important numbered documents (insurance policies, licenses, passports etc.) belonging to you and the family members living in your household. **There is absolutely no charge for this service.**

NO FEES, NOW OR EVER

- Complimentary special service for ScotiaGold Passport VISA Cardmembers
- Register any number of cards and important personal documents
- Immediate protection against liability for fraudulent charges to any lost or stolen cards the moment you notify the Registry Service
- 24-hour service, 365 days a year

Canada and US	1-800-665-2582
Outside Canada and US (collect)	(905) 696-5088
To Fax your registration	1-888-315-7377

A written confirmation will be mailed to you within 2 weeks of our receipt of your list. If you do not receive this confirmation, please call the Card Registry Service at the numbers listed above.

PLEASE	DETACH	HERE AND) KEEP	THIS	FOR	YOUR	PERSONA	L REC	ords

2 WAYS TO REGISTER YOUR CARDS AND DOCUMENTS IMPORTANT: If you require additional space, please use a separate copy of this • Fax **BOTH SIDES OF THIS FORM** to 1-888-315-7377 form. You can visit www.scotiarewards.scotiabank.com and • Complete, fold, seal and mail this form print off the form or make a copy of this form. Home Phone (Name Address Business Phone (City/Province Password Postal Code Password Hint (This is for security purposes. You will be asked to provide this information before we take any action on your behalf. This must be completed to be valid.) **CANADIAN/US CREDIT CARDS** Card Name **Financial Institution** Card Number Cardholder VISA **SCOTIABANK** SCOTIAGOLD PASSPORT VISA **MASTERCARD AMERICAN EXPRESS DEPARTMENT STORE / OIL COMPANY CREDIT CARDS** Cardholder Card Name Card Issuer Card Number

PLEASE COMPLETE THE BACK OF THIS FORM BEFORE MAILING OR FAXING