



**Scotiabank PriceSmart® Diamond MasterCard® Application Form**

For completion by PriceSmart		Initial: <input type="text"/>	Initial: <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you a Scotiabank customer?  Yes  No

Diamond Membership No.

**PLEASE TELL US MORE ABOUT YOURSELF:**

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	First Name: <input type="text"/>	Initial: <input type="text"/>
Last Name: <small>Please print last name in full</small> <input type="text"/>	Passport/National ID #: <input type="text"/>	
Mother's Maiden Name: <input type="text"/>	Other ID: <input type="text"/>	
# of Dependents: <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Your Date of Birth:  D D M M Y Y
Email Address: <input type="text"/>		
Country of Birth: <input type="text"/>	Nationality: <input type="text"/>	
Address: # <input type="text"/>	Street: <input type="text"/>	City: <input type="text"/>
Country: <input type="text"/>	Postal Code (if applicable): <input type="text"/>	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)	Home Phone #: <input type="text"/>	Cell Phone #: <input type="text"/>
Residential Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Living with Parents <input type="checkbox"/> Other	Monthly mortgage/rent payment? \$ <input type="text"/>	Time at current Residence: <input type="text"/> Years   <input type="text"/> Months
If less than 2 years, time at previous Residence: <input type="text"/> Years   <input type="text"/> Months		

**YOUR FINANCIAL INFORMATION:**

Existing Mortgage on Home (if applicable): \$ <input type="text"/>	Lender Name: <input type="text"/>
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-employed	Occupation: <input type="text"/>
Current Employer: <input type="text"/>	Employer Address: <input type="text"/>
Time with Employer: <input type="text"/> Years   <input type="text"/> Months	Business Phone #: <input type="text"/>
If less than 2 years, time at previous employer: <input type="text"/> Years   <input type="text"/> Months	
Previous Employer: <input type="text"/>	Phone #: <input type="text"/>
Current Monthly Employment Income: \$ <input type="text"/>	Other Monthly Income: \$ <input type="text"/>
Bankrupt in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lawsuits or claims? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever had a judgement filed against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other assets: <input type="checkbox"/> Property Value: \$ <input type="text"/>	Lender Name (if any): <input type="text"/> Monthly Pymt: \$ <input type="text"/>
Do you have any loans with Scotiabank? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$ <input type="text"/> Monthly Pymt: \$ <input type="text"/>
Other Lender <input type="checkbox"/> Yes <input type="checkbox"/> No	Lender Name: <input type="text"/> Amount: \$ <input type="text"/> Monthly Pymt: \$ <input type="text"/>
Other Credit Cards? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lender Name: <input type="text"/> Balances: \$ <input type="text"/> Monthly Pymt: \$ <input type="text"/>
Other assets: <input type="checkbox"/> Car Value: \$ <input type="text"/>	Lender Name (if any): <input type="text"/> Monthly Pymt: \$ <input type="text"/>
Other assets: <input type="checkbox"/> Savings / Deposit Account Balance: \$ <input type="text"/>	<input type="checkbox"/> Investments/Stocks Value: \$ <input type="text"/>

Will this credit card be used to conduct transactions for anyone other than the authorised Cardholder(s)?  Yes  No If yes, please complete a Third Party Determination Form available at your local Scotiabank branch.

**Yes, I would like to insure my Scotiabank PriceSmart Diamond MasterCard® account balance. Single Coverage**

I understand that to be eligible for Life coverage, I must be over 18 and under 70 years of age to enrol and that coverage will be bound by the Terms and Conditions stated in the Certificate of Scotiabank MasterCard Credit Insurance. I authorise Scotiabank to provide the insurer with my Scotiabank MasterCard account number, monthly statement balance and any other necessary information. The single life coverage is only 29 cents /\$100 of my outstanding balance. I authorise the insurance provider Sagicor Life Inc., to charge monthly premiums to my Scotiabank MasterCard account.

"We", "our", "us", "Scotiabank" and the "Bank" mean The Bank of Nova Scotia.

By signing below, you certify that the information contained in this application is true and complete. You authorise us to collect personal and financial information ("personal information") from you and use your personal information to adjudicate and administer the products and services requested. You also authorise us to collect and disclose personal information about you from and to other credit reporting agencies, credit grantors and any person you have or propose to have financial relations with as permitted or required by law. You authorize us to verify the personal information you have given us from time to time and direct any person that we may contact to provide us with such information. You acknowledge and agree that we may use third party service providers to process and handle your personal information and that some of our service providers may be located outside Barbados. As a result, your personal information may be accessible to regulatory authorities in accordance with the laws of these jurisdictions. You agree to read and be bound by the Scotiabank MasterCard Cardholder Agreement and to have the Bank to debit your credit card account with the annual fees for the card.

<input type="text"/>	_____ IDIDIMIMIYIYI _____
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Applicant's (Primary Cardholder's) Signature

Date