

**COMPLETE THIS FORM** and bring it to your Scotiabank branch with:  2 Forms of Government ID (e.g.: Passport, Drivers Licence),  National Insurance Card and  a Job Letter / Pay Slip.

Are you a Scotiabank customer? Yes No		If yes, Account #:		ScotiaCard #:	
Mr.	Mrs.	Ms.	Miss	First Name:	Initial:
				Last Name:	<small>Please print last name in full</small>
Passport/National ID #:			Other ID :		Mother's Maiden Name:
# of Dependents:	Your Date of Birth:		Email Address (Optional):		
Country of Birth:		Country of Citizenship:		Address: #	Street:
City:		Country:	Postal Code (if applicable):		Home Phone #:
Cell Phone #:	Marital Status:		Single	Married	Divorced
		Widow(er)		Residential Status:	Own Rent Living with Parents Other
Monthly mortgage/rent payment? \$		Time at current residence:		Years	Months
		If less than 2 years, time at previous residence:		Years	Months
What is the highest level of education you have completed to date?		Elementary School		High School	College/University
		Postgraduate		Other	
Are you currently enrolled (or planning to enroll):		Yes	No	High School	College/University
		Other		Please indicate your expected completion date:	

**YOUR FINANCIAL INFORMATION:**

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

**ADDITIONAL CARD:**

First Name:		Last Name:		Date of Birth:	
Address:			Phone#:		Occupation:
Relationship to the Primary Cardholder:		Country of Birth:		Country of Citizenship:	

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 credit card account balance. Single Life Coverage**

I understand that to be eligible for Life coverage, I must be the Primary Cardholder, over 18 years of age and under 70 years of age at the time of enrollment and that coverage will be bound by the Terms and Conditions stated in the Certificate of Scotiabank Credit Insurance. I authorise Scotiabank to provide the insurer with my Scotiabank credit card 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 Family Guardian Insurance Company Limited, to charge monthly premiums to my Scotiabank account. Coverage is subject to specific limitations and exclusions, including age restrictions, as described in the Certificate of Insurance.

I hereby certify the above information to be true and complete. If this application is accepted by The Bank of Nova Scotia (the "Bank") I request the Scotiabank credit cards and Scotiabank Credit Card Cheques be issued to me as designated above. I hereby authorise and consent to the Bank obtaining further information about me and checking the information I have given here and exchanging information about me with other parties. I agree to read and be bound by the Credit Cardholder Agreement. I authorise the Bank to debit my credit card account with the amount of the annual fees in effect for the card. I understand that I (the Primary Cardholder) am solely liable for all charges incurred on the account by an Additional Cardholder.

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Applicant's (Primary Cardholder's) Signature Date

Additional Cardholder's Signature Date