

## **Scotiabank**\* Apply for a Scotiabank / AAdvantage® MasterCard® credit card today.

If yes, AAdvantage® # Are you an AAdvantage<sup>®</sup> Program Member? ☐ Yes ☐ No Please bring vitwo forms of government ID (eg. Passport, Drivers Licence) viproof of physical and mailing address (if not on ID), such as Utility Bill 🗹 Income pay slip issued in the last month 🗸 job letter (includes salary, lenght of employment and Company contact details) I Bank Statement (from previous month), and I Mortgage Statement (if applicable). PLEASE TELL US MORE ABOUT YOURSELF: MO1008 Are you a Scotiabank customer? ScotiaCard #: □Yes □No If yes, Account #: ☐ Mr. ☐ Mrs. ☐ Ms. □ Miss First Name: Initial: Last Name: Please print last name in full Passport/National ID #: Mother's Maiden Name: Other ID: # of Dependents: Your Date of Birth: Email Address: Country of Birth: Nationality: City: Address: # Street: Postal Code (if applicable): Country: Marital Status: 

☐ Single ☐ Married ☐ Divorced ☐ Widow(er) Home Phone #: Cell Phone #: 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: What is your current Education Status: ☐ Completed ☐ In Progress If currently enrolled, Completion Year: Level of Education: ☐ Elementary School ☐ High School ☐ College / University ☐ Postgraduate YOUR FINANCIAL INFORMATION: Existing Mortgage on Home (if applicable): \$ Lender Name: ☐ Full-time ☐ Part-time ☐ Self-employed Occupation: □ Other Employment Sector: ☐ Finance ☐ Hospitality □ Goverment □ Manufacturing □ Construction □ Retail Employer Address: Current Employer: Time if less than 2 years: Time with Employer: Years Months Business Phone #: Years Months Previous Employer: 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 Other assets: □ Property Value: \$ Lender Name (if any): Do you have any loans with Scotiabank? ☐ Yes ☐ No Amount: \$ Monthly Pymt: \$ Other Lender ☐ Yes ☐ No Lender Name: Monthly Pymt: \$ Amount: \$ Other Credit Cards? 

☐Yes ☐No Lender Name: Monthly Pymt: \$ Balances: \$ Other assets: □Car Value: \$ Lender Name (if any): Monthly Pymt: \$ Other assets: Balance: \$ ☐ Investments/Stocks Value: \$ □Savings / Deposit Account **ADDITIONAL CARD:** First Name: Last Name: 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.  $oxed{YeS}$ , I would like to insure my Scotiabank AAdvantage $^{ ext{@}}$  MasterCard $^{ ext{@}}$  account balance. I understand that to be eligible for Life coverage, I must be over 18 years of age and under 70 years of age to enroll and that coverage will be bound by the Terms and Conditions stated in the Scotiabank Credit Protection Certificate. Furthermore, I authorize Scotiabank to provide the insurer with my Scotiabank MasterCard® account number, monthly statement balance and any other necessary information. I authorize the insurer to charge monthly premiums to my Scotiabank MasterCard account. 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 AAdvantage® MasterCard® credit cards and Scotiabank Credit Card Cheques be issued to me as designated above. I hereby authorize 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 Scotiabank AAdvantage® MasterCard® Cardholder Agreement. I authorize 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.

Applicant's (Primary Cardholder's) Signature