

Card Registry Service



3478718 (12/07)

CANADIAN/US DEBIT CARDS/AUTOMATED BANKING MACHINE CARDS

Financial Institution	Card Number	Cardholder

OTHER CARDS

Card Name	Card Issuer	Card Number	Cardholder

IMPORTANT DOCUMENTS

INSURANCE POLICIES (Health, Life, Home, Auto etc.)

Type	Name of Company	Policy Number	Owner

PASSPORTS

Name of Holder	Country	Expiry Date	Number

OTHER DOCUMENTS

Type	Description	Number	Owner

We, our and us mean, as applicable, any Scotiabank Group Member or its agents; you and your mean the ScotiaGold Passport VISA Cardmember(s) and your spouse or other family member(s) living in the same household who sign below.

By registering your cards and documents with the Card Registry Service[†] and by signing below, you authorize us to notify the credit card and debit card issuing companies listed on this form (and such other credit or debit card issuing companies which you register for the Card Registry Service from time to time), of the loss or theft of those cards and, where possible, to arrange for the re-issuance and delivery of those cards to you or, upon your request to change your address on their files. You may add additional Canadian and US credit or debit cards as long as you remain a ScotiaGold Passport VISA Cardmember.

By signing below, you also agree to abide by the Scotiabank Group Privacy Agreement, copies of which can be obtained at any Scotiabank branch or at www.scotiabank.com; that we may collect and use personal information from you and about you to set up, manage and provide you with ongoing Card Registry Service and to meet our legal and regulatory requirements; and that we may use, give to, obtain, verify, share and exchange information about you with others for the purpose of administering and operating the Card Registry Service. You also authorize any person whom we contact in this regard to provide such information to us.

Primary Cardmember's signature _____ Date _____ Secondary Cardmember's signature _____ Date _____

If cards / documents listed for the Primary Cardmember's spouse or other family members living in the Primary Cardmember's household:

Spouse's name (print) _____ Signature _____ Date _____

Family member's name (print) _____ Signature _____ Date _____

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

[†] 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. ™ Trademark of The Bank of Nova Scotia.

Name _____
 Address _____
 City/Province _____
 Postal Code _____



1000067627-L3R6G7-BR01



Scotiabank Membership Services
 PO Box 3464 Stn Industrial Park
 Toronto, Ontario
 L3R 9Z9

ScotiaGold Passport VISA Card Registry Service

Register all personal 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(905) 305-4290

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 PERSONAL RECORDS

2 WAYS TO REGISTER YOUR CARDS AND DOCUMENTS

- Fax **BOTH SIDES OF THIS FORM** to (905) 305-4290
- Complete, fold, seal and mail this form

IMPORTANT:

If you require additional space, please use a separate copy of this form. You can visit www.scotiarewards.scotiabank.com and print off the form or make a copy of this form.

Name _____	Home Phone () _____
Address _____	Business Phone () _____
City/Province _____	Password _____
Postal Code _____	Password Hint _____

CANADIAN/US CREDIT CARDS

Card Name	Financial Institution	Card Number	Cardholder
VISA			
SCOTIAGOLD PASSPORT VISA	SCOTIABANK		

(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.)

MASTERCARD

AMERICAN EXPRESS

DEPARTMENT STORE / OIL COMPANY CREDIT CARDS

Card Name	Card Issuer	Card Number	Cardholder

PLEASE COMPLETE THE BACK OF THIS FORM BEFORE MAILING OR FAXING