

PLEASE TELL US MORE ABOUT YOURSELF:

MO2A6120

Are you a Scotiabank customer? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Secondary School	College/University	Postgraduate
		Other			
Are you currently enrolled (or planning to enroll):		<input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary 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: \$
				Source:	
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	
				Do you have any loans with Scotiabank? <input type="checkbox"/> Yes <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$	Lender Name:	Monthly Pymt: \$
Other Credit Cards? <input type="checkbox"/> Yes <input type="checkbox"/> 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 those credit cards 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 MAGNA MasterCard 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 Saigor Life Inc., 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.

--	--

Applicant's (Primary Cardholder's) Signature

Date

Additional Cardholder's Signature

Date