

# Scotiabank MAGNA MasterCard® Application Form



OLZ00105

**PLEASE BRING THE FOLLOWING ITEMS WITH YOU WHEN YOU SUBMIT YOUR APPLICATION:**

**TWO FORMS OF GOVERNMENT ID** (eg. Passport, Drivers Licence)  **UTILITY BILL** (for proof of address)  **JOB LETTER AND PAY SLIP**

Additional documents to confirm assets and liabilities listed may be requested.

First Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Last Name:	
Address: #:	Street:	City:
State:	Country:	Postal Code (if applicable):
Date of Birth:   D   D   M   M   Y   Y	MAGNA Card #:	
Time at current Residence:     Years     Months	If less than 2 years, time at previous Residence:     Years     Months	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)	Home Phone #:	Cell Phone #:
Passport/National ID #:	Mother's Maiden Name:	
Employer:	Occupation:	Work Phone #:
Time with Employer:     Years     Months	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	If less than 2 years, time with previous Employer:     Years     Months
Monthly Employment Income: \$	Other Monthly Income: \$	

**WOULD YOU LIKE A CO-APPLICANT CARD FOR YOUR SPOUSE?**  Yes  No If yes, complete this section:

First Name:	Last Name:	
Date of Birth:   D   D   M   M   Y   Y	Home Phone #:	Cell Phone #:
Passport/National ID #:	Mother's Maiden Name:	
Employer:	Occupation:	Work Phone #:
Time with Employer:     Years     Months	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Monthly Income: \$

**YOUR FINANCIAL INFORMATION:**

Are you a: <input type="checkbox"/> Homeowner <input type="checkbox"/> Renter <input type="checkbox"/> Other	If you are a Homeowner, what is the property value? \$	
Existing Mortgage on Home: \$	Lender:	Monthly Pymt: \$
Do you have any loans with Scotiabank? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$	Monthly Pymt: \$
Other Lender? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lender:	Amount: \$
Other Credit Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lender:	Balance: \$
Other assets: Car Value: \$	Lender (if any):	Monthly Pymt: \$
Other assets: Savings / Deposit Account Balance: \$	<input type="checkbox"/> Investments / Stocks Value: \$	
Are you a Scotiabank customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Account #:	ScotiaCard #:

**Would you like to insure your Scotiabank MAGNA MasterCard account balance?**

Yes, I would like to insure my Scotiabank MAGNA MasterCard account balance for:  Single Coverage  Joint Coverage

You understand that to be eligible for coverage, you must be 18 years of age and under 70 to enroll; and that your coverage will be bound by the Terms and Conditions stated in your Certificate of Insurance. Furthermore you authorise the Bank to provide the insurer with your Scotiabank MAGNA MasterCard account number, monthly statement balance and any other necessary information; and you authorise the insurer to charge monthly premiums to your Scotiabank MAGNA MasterCard account.

I (We) hereby certify the above information to be true and complete. If this application is accepted by The Bank of Nova Scotia (the "Bank") I (We) request the Scotiabank MAGNA MasterCard credit cards and Convenience Cheques be issued to me (us) as designated above. I (We) hereby authorise and consent to the Bank obtaining further information about me (us) and checking the information I (We) have given here and exchanging information about me (us) with other parties. I (We) agree to read and be bound by the Scotiabank MAGNA MasterCard Cardholder Agreement. I (We) authorise the Bank to debit my (our) credit card account with the amount of the annual fees in effect from time to time for the card.

Applicant's Signature _____	Date _____	Co-Applicant's Signature _____	Date _____
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