Scotiabank*

Scotiabank PriceSmart® Diamond MasterCard® Application Form

For completion by PriceSmart Initial: Initial:

Are you a Scotiabank customer? ❑ Yes ❑ No

Diamond Membership No.

PLEASE TELL US MORE ABOUT YOURSELF:

☐ 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: Gender: ☐ Male ☐ Female Your Date of Birth: D D M M Y Y

Country of Birth: Nationality:

Address: # Street: City:

Country: Postal Code (if applicable):

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: Years Months

Previous Address: # Street: City:

Country: Postal Code (if applicable):

YOUR FINANCIAL INFORMATION:

Existing Mortgage on Home (if applicable): $ Lender Name:

☐ Full-time ☐ Part-time ☐ Self-employed Occupation:

Current Employer: Employer Address:

Time with Employer: Years Months Business Phone #: Time if less than 2 years: Years Months

Previous Employer: Phone Number:

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): Monthly Pymt: $

Do you have any loans with Scotiabank? ☐ Yes ☐ No Amount: $ Monthly Pymt: $

Other Lender ☐ Yes ☐ No Lender Name: Amount: $ Monthly Pymt: $

Other Credit Cards? ☐ Yes ☐ No Lender Name: Balances: $ Monthly Pymt: $

Other assets: ☐ Car Value: $ Lender Name (if any): Monthly Pymt: $

Other assets: ☐ Savings / Deposit Account Balance: $ ☐ Investments/Stocks Value: $

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.

❑ **Yes, I would like to insure my Scotiabank PriceSmart Diamond MasterCard® account balance.** ❑ **Single Coverage**

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 PriceSmart Diamond 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 PriceSmart Diamond 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

Date D D M M Y Y