Scotiabank®

VCF Setup, Maintenance, Closure

Request Type: Closure

ISSUER/COMPANY INFORMATION

Company Name *	Company Number (if available)

Issuer Name Scotiabank	Issuer ID/Card Type (Select One) *	Processor Name TS1,TSYS	Processor ID 8	SVBC Corp. Account * 4537

Scotiabank Representative Name *

* Mandatory field

Name & Title (Print)	Signature	Date Signed (mm/dd/yyyy)
Name & Title (Print)	Signature	Date Signed (mm/dd/yyyy)

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