

Please indicate which Scotiabank credit card you are applying for:

 My gross monthly income is over \$33,000 Visa<sup>®</sup>  AAdvantage Visa<sup>®</sup>  Gold Visa<sup>®</sup>  MasterCard<sup>®</sup>  Magna<sup>™</sup> MasterCard<sup>®</sup>  Gold MasterCard<sup>®</sup>  Platinum USD MasterCard<sup>®</sup>

If you are already a member of MAGNA or AAdvantage Loyalty Programme, please enter your membership number here \_\_\_\_\_

**1. Tell us About Yourself** Mr.  Mrs.  
 Miss

First Name

Last name

Address

City

Country

P.O. Box (if applicable)

Date of Birth  
D D M M Y YMarital Status  
 Single  Married  
 Divorced  Widow (er)Time at Current Residence  
Years MonthsIf less than 2 years  
Time at Previous Residence  
Years Months Own  Rent  
 Other

Home Phone #

Cel Phone #

Passport / National ID

Mother's Maiden Name

Employer

Occupation

Work Phone #

 Full-time  Self-employed  
 Part timeTime with present Company  
Years MonthsIf less than 2 years  
Time at Previous Company  
Years MonthsGross monthly Income  
\$Other monthly Income  
\$

Name of Reference (Person not living in your household)

Address

City

Country

Occupation

Telephone #

TRN

Would you like an additional card for your spouse?

 Yes  No

If yes, complete this section.

First Name

Last name

Date of Birth  
D D M M Y Y

Phone #

Cel Phone #

Passport / National ID

Employer

Occupation

Work Phone #

Time with Employer  
Years Months Full-time  Part-time  
 Self-employedMonthly Income  
\$**2. Your financial information**Rent / Mortgage Payment Monthly  
\$If homeowner, Property Value  
\$Existing Mortgage on Home  
\$

Name of Lender

Credit card  Yes  No

Name of Lender

Balance  
\$

Monthly Payment

Personal Loan?  Yes  No

Name of Lender

Balance  
\$

Monthly Payment

Assets?  Car  Other

Name of Lender (if, any)

Value  
\$

Monthly Payment

I am a Scotiabank Customer  Yes  No  
 Chequing  Savings  
 InvestmentScotiaCard # (If applicable)  
6 0 1Would you like to insure your Scotiabank Credit Cards?  Yes  NoIf yes, will the coverage be  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 Credit Card account number, monthly statement balance and any other necessary information; and you authorise the insurer to charge monthly premiums to your Scotiabank Credit Card account.

I (WE) hereby certify that above information to be true and complete. If this application is accepted by the Bank of Nova Scotia (The "Bank") I (We) request Credit Card 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 Credit Card 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.

Applicants' Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

# CUSTOMER DECLARATION REGARDING UNSECURED LOANS TO IMMEDIATE RELATIVES OF EMPLOYEES

Do you have any immediate relative (s) employed at any Scotiabank branch  Yes  No. If yes, please list names of immediate relatives and branch

Name	Branch
Name	Branch
Name	Branch

Do you have any unsecured loan outstanding at any Scotiabank branch  Yes  No. If yes, please list names of amount (s) and the branch

\$	
Amount	Branch
\$	
Amount	Branch
\$	
Amount	Branch

I (We) that approval for this application is made conditional upon the correctness of the information provided and that if any information provided is incorrect then the Bank may at any time make a demand for payment of outstanding loan in full

Applicants' Signature	Date

## DECLARATION BY OFFICERS APPROVING LOANS

The officers listed below declare that we are satisfied that enquiries have been made of the applicant whether any of his/her immediate relative is employed to the Bank and to the best of my/our knowledge, information and belief there are no such immediate relatives other than those which may be disclosed by the applicant in this application as provided below.

Name of Owner	Date	Signature	Date	

