

Scotiabank Credit Card 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 OR PAY SLIP

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

YOUR FINANCIAL INFORMATION:

Are you a: ☐ Homeowner ☐ Renter ☐ 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? ☐ Yes ☐ No	Amount: \$	Monthly Pymt: \$
Other Lender? ☐ Yes ☐ No	Lender:	Amount: \$
Other Credit Card? ☐ Yes ☐ No	Lender:	Balance: \$
Other assets: Car	Value: \$	Lender (if any):
Other assets: Savings / Deposit Account	Balance: \$	☐ Investments/Stocks Value: \$
Are you a Scotiabank customer? ☐ Yes ☐ No	If yes, Account #:	ScotiaCard #:

Would you like to insure your Scotiabank Credit Card account balance?

☐ Yes, I would like to insure my Scotiabank Credit Card 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 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 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 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 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.

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