

PLEASE TELL US MORE ABOUT YOURSELF:

Are you a Scotiabank customer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Account #:		ScotiaCard #:	
First Name:		Initial:	Last Name: <small>Please print last name in full</small>		
Mother's Maiden Name:			Social Security #:		# of Dependents:
Your Date of Birth: M M D D Y Y		Email Address:			
Residence Address: #	Street:	City:	State:	Country:	Zip Code (if applicable):
Mailing Address: #	Street:	City:	State:	Country:	Zip Code (if applicable):
Marital Status: ^ <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated		Home Phone #:		Cell Phone #:	
Residential Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Living with Parents <input type="checkbox"/> Other		Monthly mortgage/rent payment? \$		Time at current Residence:	Years Months
If less than 2 years, time at previous residence: Years Months		Citizenship Country:			
Previous Address: #	Street:	City:	State:	Country:	Zip Code (if applicable):
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-employed		Occupation:		Current Employer:	
Employer Address:		Time with Employer:		Years Months	Work Phone #:
If less than 2 years, time at previous employer: Years Month		Previous Employer:		Phone #:	
Current Monthly Employment Income: \$		†† Other Monthly Income: \$			

†† Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered as a basis for repaying this obligation.

^ Do not complete if this is an application for an individual account.

YOUR FINANCIAL INFORMATION:

Existing Mortgage on Home (if applicable): \$		Lender Name:		Monthly Pymt: \$	
Bankrupt in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		Lawsuits or claims? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever had a judgement filed against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other assets: <input type="checkbox"/> Property		Value: \$			
Lender Name (if any):		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 Name:	
Amount: \$					
Monthly Pymt: \$		Other Credit Cards? <input type="checkbox"/> Yes <input type="checkbox"/> No		Lender Name:	
Balances: \$					
Monthly Pymt: \$					

Will this credit card be used to conduct transactions for anyone other than the authorised Cardholder? Yes No If yes, please complete a Third Party Determination Form available at your local Scotiabank branch.

"We", "our", "us", "Scotiabank" and the "Bank" mean The Bank of Nova Scotia.

By signing below, you certify that the information contained in this application is true and complete and acknowledge having received a copy of the Scotiabank PriceSmart Diamond MasterCard Credit Card Rates and Fees disclaimer statement. You authorize us to collect personal and financial information ("personal information") from you and use your personal information to adjudicate and administer the products and services requested. You also authorize us to collect and disclose personal information about you from and to third parties, program partners, merchants and other credit reporting agencies, credit grantors and any person you have or propose to have financial relations with as permitted or required by law. You authorize us to verify the personal information you have given us from time to time and direct any person that we may contact to provide us with such information. You acknowledge and agree that we may use third party service providers to process and handle your personal information and that some of our service providers may be located outside the U. S. Virgin Islands. As a result, your personal information may be accessible to regulatory authorities in accordance with the laws of these jurisdictions. You agree to read and be bound by the Scotiabank PriceSmart Diamond MasterCard Cardholder Agreement and to have the Bank debit your Scotiabank PriceSmart Diamond MasterCard credit card account with the annual fees for the card.

PLEASE CHECK PAGE 2 FOR RATES AND FEES.

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Applicant's (Primary Cardholder's) Signature

Scotiabank PriceSmart^{®†} Diamond MasterCard[®] Credit Card Rates and Fees

Annual Percentage Rate (APR) on Purchases	18.00%
APR on Cash Advance and Balance Transfer	18.00%
Annual Fee for Primary Card	\$30/year
Annual Fee for Additional Card	\$15/year
Grace Period for New Purchases	21 days
There is no grace period for Cash Advances and Balance Transfers	
Minimum Finance Charge	No minimum finance charge
Minimum Payment	3% of outstanding balance; minimum payment of \$25
Over Credit Limit Fee	\$30
Cash Advance Fee	3% of the amount advanced
Late Payment Fee	\$30
Balance Computation Method	2 Cycle Average Daily Balance, including new purchases
NSF Check Fee	\$30
Returned Credit Card Check	\$20
Retrieval of Items / Replace Sales Draft	\$5
Replacement Statement	\$5
Replace Lost or Damaged Card	\$15

The information about the costs of the card described in this application is accurate as of May 30, 2009. This information may have changed after that date.

To find out what may have changed, write us at Scotiabank, PO Box 420, St. Thomas, VI 00804-0420, or visit a branch nearest you.