

Please indicate which Scotiabank credit card you are applying for: My gross monthly income is over \$33,000

Visa®
 AADvantage Visa®
 Gold Visa®
 MasterCard®
 Magna™ MasterCard®
 Gold MasterCard®
 Platinum USD MasterCard®

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
 Single Married Divorced Widow (er)
 Years Months
 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 time

Years Months
 Years Months
 Gross 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
 Phone #
 Cel Phone #

Passport / National ID
 Employer
 Occupation

Work Phone #
 Years Months
 Full-time Part-time Self-employed
 Monthly Income

2. Your financial information

Rent / Mortgage Payment Monthly
 If homeowner, Property Value
 Existing Mortgage on Home
 Name of Lender

Yes No
 Name of Lender
 Balance
 Monthly Payment

Yes No
 Name of Lender
 Balance
 Monthly Payment

Car Other
 Name of Lender (if, any)
 Value
 Monthly Payment

I am a Scotiabank Customer Yes No
 Chequing Savings Investment
 ScotiaCard # (If applicable)

Would you like to insure your Scotiabank Credit Cards? Yes No

If 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

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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
\$	Branch
\$	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	

