| 🕤 Sco | otiaba | You | R SCOTIALINE PERSONAL LINE OF CREDIT FOR STUDENTS You can complete this application and fax it to us at 1-800-403-7448; or fold, seal and mail it to us; or simply drop it off at any Scotiabank branch. Please fully complete all of the questions on this application. If there are unanswered questions there may be a delay in processing your application. | | | | | | | | |
|---|--------|---|---|-----------------------|-----------------------------|--|--|---|---|--------------|--|
| Do you currently deal with Scotiabank? Yes No If Yes, what is your ScotiaCard Number? | | | | | | | | | | | |
| Student Borrower(s) | | | | | | | | | | | |
| Last Name, First Name & Initial | | | Mr Miss Mrs Ms Dr | | Date of Birth (YY/M | | | Social | Social Insurance # (optional) | | |
| Street # Street Name Ap | | Apt # | | de City | City | | ov. | Years a resider | | Home phone # | |
| Current Full-time Employer/Occupation Part-time | | Self-employed Seasonal | | | Gr | Gross Monthly Incor | | | s Maiden | | |
| (rent/mortgage, condo fees, heat, spousal, property taxes) \$ credit ca | | | nthly obligations (eg, child support) Do not incl ds, bank/finance loans, li or vehicle leases. \$ | | | | | 7 al | Are you either a Canadian Citizen or a Landed Immigrant? Yes No | | |
| Tell Us About Your Studies Name of post-secondary institution Program name (eg. BA, BAH, MBA, MA, MSC, etc.) How long is your program? (years, months) | | | | | | | | | | | |
| | | | - | | | | • | | | | |
| Expected graduation date (year, month) | | | Full-time F | | | | | Are you enrolled in a graduate program? | | | |
| Is this a Canadian school? Yes No | | | have you receiv | ernment student loans | | | loan(s) that | If yes, what is the total amount of government loan(s) that you have received (excluding any non repayable government bursaries)? \$ | | | |
| Have you been approved for a government student loan (federal or provincial) in this academic year? Yes No \$ | | | | | | | | | | | |
| Parent/Guardian Borrower(s) Last Name, First Name & Initial Mr Miss Date of Birth Social Insurance # (optional) | | | | | | | | | | | |
| Street # Street Name Ap | | Apt # | | | YY/MM/DD) City Pi | | Years | at residence | Home phone # | | |
| Current Employer/Occupati | | | Code Self-employed Seasonal | Busines # | s Phone Gro | | Monthly Income \$ | | () Mother's Maiden Name | | |
| Are you either a Canadian Citizen or a Landed Immigrant? Yes No | | | | | | | | | | | |
| Spouse/Supporting Borrower Last Name, First Name & Initial | | Mr M | Mr Miss | | Date of Birth (YY/MM/DD) | | Social Insurance # (optional) | | | | |
| | | Full-tir Part-ti | | /ed Busi | Business Phone # | | Gross Monthly Income \$ | | Mother's Maiden Name | | |
| Monthly housing costs Other m (rent/mortgage, condo fees, heat, Do not in | | onthly obligations nclude credit card or vehicle leases | | | | ou declared l | u declared bankruptcy in the last 7 years? No | | | | |
| Will you be using this ScotiaLine personal line of credit for students on behalf of anyone other than the named account holder(s)? Yes No No (You should answer "no" to this question if the account will only be used by the Student Borrower, Parent/ Guardian Borrower, or Supporting Borrower.) I/we, the named account holders read the Terms and Conditions of applying for a ScotiaLine personal line of credit for students attached to this application and agree to abide by them. Sign here to apply. Please use dark ink when completing. Student Borrower Signature | | | | | | | | | | | |
| "You" refers to each of the people signing this application. By signing this application, you affirm You request and authorize us to send to you information about our services and those offered by | | | | | | | | | | | |
| the information you have given us is true and complete. If your application is approved, you agree to abide by the Agreement, which governs the credit facility for which you have applied. We may collect, use and disclose personal information from you and about you for the following purposes: a) to understand your needs; b) to analyze the suitability of our products or services for you; c) to determine your eligibility for our products and services; d) to set up, manage and offer products and services that meet your needs; e) to provide you with ongoing service; | | | | | | the Scotiabank group of companies. You can tell us at any time to stop using information about you to market our products and services. By completing the application, you affirm that: you are a Canadian citizen or landed immigrant; the student borrower is attending a post-secondary school; you will provide proof of enrollment and any other information we may require If this application includes a request for a <i>No-Fee Scotiabank</i> Classic VISA card for students, all parties agree that if your application is approved, cards will be issued to the Primary and Secondary Borrowers. | | | | | |
| f) to meet our legal and regulatory requirements, and; g) to investigate and adjudicate insurance claims. By completing and sending us this application, you consent to our obtaining a credit bureau report concerning you. We will obtain a credit bureau report on receipt of your application. You authorize us to give to, verify, share and exchange credit and other information about you with others, including credit bureaus, credit insurers, other companies in the Scotiabank group of companies, and other persons with whom you have financial dealings, as well as any other persons as may be permitted or required by law. You authorize the parties from whom we request information to give it to us. We can also do | | | | | | All parties agree to be jointly and severally liable for the card and to be bound by the terms of the Agreements which govern the card (including the Scotiabank Group Privacy Agreement), copies of which will be provided to you and can be obtained at any Scotiabank branch. Interest paid on the ScotiaLine personal line of credit for students is not tax deductible. You have asked us that this agreement and all related documents be in English only. Vous avez demandé que ce contrat et tous les documents qui s'y rattachent soient rédigés uniquement en anglais. | | | | | |
| this after the relationship contemplated by this application has ended. You irrevocably consent to the ongoing collection and reporting of credit information to credit bureaus by us after your line of credit or VISA card has been granted. | | | | | | [™] Trademark of The Bank of Nova Scotia. | | | | | |