

Apply for a Scotiabank MAGNA MasterCard® credit card today.	
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Are you a MAGNA Program Member? Yes□ No□ If yes, fill in your MAGNA #

Simply complete the application form and return it to your nearest branch, along with the required documents for both Yourself and the Additional Cardholder (if applicable).

Government ID's: 2 of either Passport, National ID, Driver's Licence Proof of physical and mailing address (if not on ID), such as utility bill 2 current income pay slips issued in the last month Original employment letter, must include salary, length of employment and company contact details Bank statement (must be statement from the last month), Mortgage statement or rent receipts (if applicable).

☑ Tax registration number (TRN), and ☑ References[†]: 2 required (must not be living in same household).

PLEASE TELL US ABOUT YOURSELF:
Are you a Scotiabank customer? □Yes □No If yes, Account #:
□ Mr. □ Mrs. □ Ms. □ Miss First Name:
Last Name (Please print last name in fuß)
Mother's Maiden Name: Other ID:
of Dependents: Your Date of Birth: D D M M Y Y Email Address:
Country of Birth: Country of Citizenship:
Address: #
Country:
Cell Phone #: Marital Status: Single Married Divorced Widow(er) Residential Status: Own Rent Living with Parents Other
Monthly mortgage/rent payment: \$ Time at current residence: Years Months If less than 2 years, time at your previous residence: Years Months
What is the highest level of education you have completed to date? □ Elementary School □ High School □ College/University □ Postgraduate □ Other
Are you currently enrolled (or planning to enroll): Yes No High School College/University Other
Please indicate your expected completion year: M M Y Y Y Y
YOUR FINANCIAL INFORMATION:
Existing mortgage on home (if applicable): \$ Lender Name:
□ Full-time □ Part-time □ Self-employed Occupation:
Employment Sector: □Construction □Finance □Hospitality □Government □Manufacturing □Retail □Other
Current Employer: Employer Address:
Business Phone #: Time with Employer: Years Months If less than 2 years, time at your previous Employer: Years Months
Previous Employer:
Current monthly employment income: \$ Other monthly income: \$
Bankrupt in the last 7 years? ☐ Yes ☐ No Lawsuits or claims? ☐ Yes ☐ No Have you ever had a judgement filed against you? ☐ Yes ☐ No
Do you have any loans with Scotiabank? 🗆 Yes 🗆 No Amount: \$ Monthly Pymt: \$
Other Assets: Property Value: \$ Lender Name (if any):
Other Lender 🗆 Yes 🗆 No Lender Name: Amount: \$ Monthly Pymt: \$
Other Credit Cards? 🗆 Yes 🗆 No Lender Name: Balances: \$ Monthly Pymt: \$
Other Assets: Car Value: \$ Lender Name (if any):
Other Assets: Savings/Deposit Account Balance: \$ Investments/Stocks Value: \$
ADDITIONAL CARD:
First Name: Last Name:
Date of Birth: D D M M Y Y Address:
Phone #:
Country of Citizenship

Will this credit card be used to conduct transactions for anyone other than the authorised cardholder(s)? Yes No If yes, please complete a Third Party Determination Form. Are you the immediate relative of an employee of Scotiabank? Yes No If yes, please visit your local Scotiabank branch to complete a Customer Declaration form.

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REFERENCE 1: First Name: Last name: Phone #: Address: **REFERENCE 2:** First Name: Last name: Address: Phone #: Yes, I would like to insure my Scotiabank MAGNA MasterCard® credit card account balance. 🔲 Single Coverage I understand that to be eligible for Life coverage, I must be the Primary Cardholder, over 18 years of age and under 70 years of age at the time of enrollment and that coverage will be bound by the Terms and Conditions stated in the Certificate of Scotiabank MasterCard Credit Insurance. Furthermore, I authorise Scotiabank to provide the Insurer with my Scotiabank MasterCard credit card account number, monthly statement balance and any other necessary information. I authorise the Insurer to charge monthly premiums to my Scotiabank MasterCard credit card account. I hereby certify the above information to be true and complete. If this application is accepted by The Bank of Nova Scotia (the "Bank") I request the Scotiabank MAGNA MasterCard credit cards and Scotiabank Credit Card Cheques be issued to me as designated above. I hereby authorise and consent to the Bank obtaining further information about me and checking the information I have given here and exchanging information about me with other parties. I agree to read and be bound by the Credit Cardholder Agreement. I authorise the Bank to debit my credit card account with the amount of the annual fees in effect for the card. I understand that I (the Primary Cardholder) am solely liable for all charges incurred on the account by an Additional Cardholder.

Additional Cardholder Signature

Date

†Please provide the contact information for two personal references. References should not live in your household.

Date

Applicant's (Primary Cardholder's) Signature