

Please bring  two forms of government ID (eg. Passport, Drivers Licence)  utility bill (for proof of address)

job letter and 2 consecutive and recent pay slips when you submit your application.

**PLEASE TELL US MORE ABOUT YOURSELF:**

Are you a Scotiabank customer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Account #:		ScotiaCard #:	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss First Name:					
Last Name:				Passport/National ID #:	
Mother's Maiden Name:				Tax ID/Soc Security #	
# of Dependents:		Your Date of Birth:   D   D   M   M   Y   Y			
Address: #		Street:		City:	
State:		Country:		Postal Code (if applicable):	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)		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:		Postal Code (if applicable):	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self employed Occupation:					
Employer:		Employer Address			
Time with Employer: Years Months		Work Phone #:		If less than 2 years, time with previous Employer: Years Months	
Previous Employer:				Phone Number	
Monthly Employment Income: \$		Other Monthly Income: \$			
Existing Mortgage on Home (if applicable): \$		Lender:			
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	
Judgement files? <input type="checkbox"/> Yes <input type="checkbox"/> No					
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:		Amount: \$	
Monthly Pymt: \$					
Other Credit Card? <input type="checkbox"/> Yes <input type="checkbox"/> No		Lender:		Balance: \$	
Monthly Pymt: \$					
Other assets: <input type="checkbox"/> Car		Value: \$		Lender (if any):	
Monthly Pymt: \$					
Other assets: <input type="checkbox"/> Savings / Deposit Account		Balance: \$		<input type="checkbox"/> Investments / Stocks	
Value: \$					
Other assets: <input type="checkbox"/> Property		Value: \$		Lender (if any):	

**WOULD YOU LIKE AN ADDITIONAL CARD?**  Yes. Please issue an additional card on my Scotiabank Mastercard account for:

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss First Name:					
Last Name:					

**Would you like to insure your Scotiabank MasterCard account balance?**

Yes, I would like to insure my Scotiabank MasterCard 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 MasterCard account number, monthly statement balance and any other necessary information; and you authorise the insurer to charge monthly premiums to your Scotiabank MasterCard 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 MasterCard 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 MasterCard 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.

_____   D   D   M   M   Y   Y		_____   D   D   M   M   Y   Y	
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Applicant's Signature

Date

Additional Cardholder Signature  
(if requesting)

Date