

Scotiabank / AAdvantage® MasterCard® Application Form



PLEASE BRING THE FOLLOWING ITEMS WITH YOU WHEN YOU SUBMIT YOUR APPLICATION:



TWO FORMS OF GOVERNMENT ID (eg. Passport, Drivers Licence)



UTILITY BILL (for proof of address)



JOB LETTER OR PAY SLIP

First Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Last Name:	
Address: #:	Street:	City:
State:	Country:	Postal Code (if applicable):
Date of Birth: D D M M Y Y	AAdvantage® Card #:	
Time at current Residence: Years Months	If less than 2 years, time at previous Residence: Years Months	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)	Home Phone #:	Cell Phone #:
Passport/National ID #:	Mother's Maiden Name:	
Employer:	Occupation:	Work Phone #:
Time with Employer: Years Months	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	If less than 2 years, time with previous Employer: Years Months
Monthly Employment Income: \$	Other Monthly Income: \$	

WOULD YOU LIKE A CO-APPLICANT CARD FOR YOUR SPOUSE? Yes No If yes, complete this section:

First Name:	Last Name:	
Date of Birth: D D M M Y Y	Home Phone #:	Cell Phone #:
Passport/National ID #:	Mother's Maiden Name:	
Employer:	Occupation:	Work Phone #:
Time with Employer: Years Months	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Monthly Income: \$

YOUR FINANCIAL INFORMATION:

Are you a: <input type="checkbox"/> Homeowner <input type="checkbox"/> Renter <input type="checkbox"/> Other	If you are a Homeowner, what is the property value? \$	
Existing Mortgage on Home: \$	Lender:	Monthly Pymt: \$
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: \$
Other Credit Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lender:	Balance: \$
Other assets: Car Value: \$	Lender (if any):	Monthly Pymt: \$
Other assets: Savings / Deposit Account Balance: \$	<input type="checkbox"/> Investments / Stocks Value: \$	
Are you a Scotiabank customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Account #:	ScotiaCard #:

Would you like to insure your Scotiabank / AAdvantage® MasterCard account balance?

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

Applicant's Signature _____	Date _____	Co-Applicant's Signature _____	Date _____
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