

Apply for a Scotiabank AERO* Platinum MasterCard® credit card today.



NPGBB304

Please tell us more about yourself:

Are you a Scotiabank customer? Yes No		If yes, Account #:		ScotiaCard #:	
Mr.	Mrs.	Ms.	Miss First / Last Name: (Please leave a blank space between them. Max. 21 characters including white spaces.)		
Passport/National ID #:		Other ID :		Mother's Maiden Name:	
# of Dependents:	Your Date of Birth:		Email Address (Optional):		
Country of Birth:		Country of Citizenship:		Address: #	Street:
City:		Country:		Postal Code (if applicable):	
Home Phone #:					
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 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	<input type="checkbox"/> Other
					Please indicate your expected completion date:

Your financial information:

Existing Mortgage on Home (if applicable): \$		Lender Name:									
Full-time	Part-time	Self-employed	Occupation:	Employment Sector:	Finance	Hospitality	Government	Manufacturing	Construction	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:	Phone #:		Current Monthly Employment Income: \$		Other Monthly Income: \$		Source:				
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):		Monthly Pymt: \$						
Other assets: Car Value: \$	Lender Name (if any):		Monthly Pymt: \$								
Other Lender Yes No	Amount: \$		Lender Name:		Monthly Pymt: \$						
Other Credit Cards? Yes No	Lender Name:		Credit Limit:		Monthly Pymt: \$						
Other assets: Savings / Deposit Account	Balance: \$		Investments/Stocks Value: \$								

Additional card:

First Name:		Last Name:			Date of Birth:			
Address:		Phone#:			Occupation:			
Relationship to the Primary Cardholder:		Country of Birth:			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 available at your local Scotiabank branch.

Yes, I would like to insure my Scotiabank MasterCard® account balance. Single Life & Critical Illness Coverage

I understand that to be eligible for Life and Critical Illness coverage, I must be the Primary Cardholder over age 18 years of age and under age 60 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. I authorise Scotiabank to provide the insurer with my Scotiabank MasterCard credit card account number, monthly statement balance and any other necessary information. The premium for Single Life and Critical Illness is only 53 cents/\$100 of my outstanding balance. I authorise the insurance provider <INSURANCE PROVIDER>, to charge monthly premiums to my Scotiabank MasterCard account. Coverage is subject to specific limitations and exclusions, including age restrictions, as described in the Certificate of Insurance.

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Applicant's (Primary Cardholder's) Signature Date Additional Cardholder's Signature Date

