

<input type="checkbox"/> Mr. NAME INITIAL LAST NAME <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss			CUSTOMER SINCE		
HOME ADDRESS		MAILING ADDRESS	BIRTH DATE MM / DD / YEAR	<input type="checkbox"/> MARRIED	RESIDENCE
CITY		ADDRESS SINCE MM / DD / YEAR	<input type="checkbox"/> SINGLE	<input type="checkbox"/> OWN	
PREVIOUS ADDRESS (IF LESS THAN 2 YEARS IN ACTUAL)		ADDRESS SINCE MM / DD / YEAR	<input type="checkbox"/> OTHER	<input type="checkbox"/> RENTED	
IDENTIFICATION NUMBER (PASSPORT, DRIVER'S LICENCE, ETC.)		CITIZENSHIP	HOME PHONE NUMBER		
SPOUSE'S FULL NAME		IDENTIFICATION NUMBER	SPOUSE'S EMPLOYER	EMPLOYED SINCE MM YEAR	

APPLICANT'S EMPLOYMENT INFORMATION

EMPLOYER NAME / ADDRESS / MAILING ADDRESS	POSITION	EMPLOYED SINCE MM YEAR	PHONE NUMBER
PREVIOUS EMPLOYER (IF LESS THAN 3 YEARS IN ACTUAL)	POSITION	EMPLOYED SINCE MM YEAR	PHONE NUMBER

FINANCIAL INFORMATION

	MONTHLY GROSS INCOME	OTHER INCOME	SOURCE OF OTHER INCOME
APPLICANT	\$		
CO-APPLICANT	\$		
	YOUR BANK	SAVINGS ACCOUNT NUMBER	CHECKING ACCOUNT NUMBER
APPLICANT			
CO-APPLICANT			

STATEMENT OF YOUR ASSETS AND LIABILITIES

House, Car, Credit Cards	Assets	Liabilities	Monthly Payment	Real Estate			
				1. Purchase Price		Year purchased	
				2.			
				Mortgage owner	Balance 1 st .Mort.	Balance 2 nd .Mort.	Rate Expire date
				1.			
				2.			
				Taxes pay to:		Per year	Insurance
				1.		\$	YES NO
				2.		\$	YES NO
TOTALS \$	1*	2*		NET ASSETS 1* - 2* = \$			

Total percentage of debts:

- A. Monthly payments including the proposed loan
- B. Rent or Mortgage Payments (water, electricity bills, etc.)
- C. Total monthly payments (A+B=C)

\$
\$
\$

- D. Monthly Gross Income
- E. Percentage of Debts (C/D x 100)

\$
%

THIS SECTION FOR INTERNAL USE ONLY

PERSONAL REFERENCES, FAMILY OR FRIENDS

1.	NAME	ADDRESS	RELATIONSHIP	PHONE NUMBER
2.				
3.				

By signing below, I certify that the information I have given to you is true and correct and that I have not withheld any relevant information from you. I understand that this information forms part of my banking and credit application and that you will rely on the information I have given you to decide on any credit applied for from time to time and any renewal or extension thereof. I authorize you to obtain further information about me from time to time in connection with any credit applied for and any renewal or extension thereof and to check the information I have given to you from time to time. I authorize you to request and disclose information about me and to credit reporting agencies, credit bureaus, other credit grantors, any branch or office of The Bank of Nova Scotia, any person with whom I have or propose to have financial relations, and ask otherwise permitted or required by law. I also request and authorize you to send me information about other Scotiabank services.

Date _____

Applicant's Signature _____

Co-Applicant's Signature _____

Witness _____