



Scotiabank PriceSmart<sup>®†</sup> Diamond MasterCard<sup>®</sup> Application Form

EXB031260

For completion by PriceSmart Initial: Initial:

Are you a Scotiabank customer?  Yes  No

Diamond Membership No.

\_\_\_\_\_

PLEASE TELL US MORE ABOUT YOURSELF:

Mr. Mrs. Ms. Miss First Name: \_\_\_\_\_ Initial: \_\_\_\_\_
Last Name: \_\_\_\_\_ Passport/National ID #: \_\_\_\_\_
TRN# \_\_\_\_\_ Other ID: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_
# of Dependents: \_\_\_\_\_ Gender: Male Female Your Date of Birth: DDMMYY
Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_
Address: # \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_
Country: \_\_\_\_\_ Postal Code (if applicable): \_\_\_\_\_
Marital Status: Single Married Divorced Widow(er) Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_
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
Name of Reference (Person not living in your household) \_\_\_\_\_ Phone#: \_\_\_\_\_

YOUR FINANCIAL INFORMATION:

Existing Mortgage on Home (if applicable): \$ \_\_\_\_\_ Lender Name: \_\_\_\_\_
Full-time Part-time Self-employed Occupation: \_\_\_\_\_
Current Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_
Time with Employer: \_\_\_\_\_ Years \_\_\_\_\_ Months Business Phone #: \_\_\_\_\_
If less than 2 years, time at previous employer: \_\_\_\_\_ Years \_\_\_\_\_ Months
Previous Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_
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
Other assets: Property Value: \$ \_\_\_\_\_ Lender Name (if any): \_\_\_\_\_ Monthly Pymt: \$ \_\_\_\_\_
Do you have any loans with Scotiabank? Yes No Amount: \$ \_\_\_\_\_ Monthly Pymt: \$ \_\_\_\_\_
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): \_\_\_\_\_ Monthly Pymt: \$ \_\_\_\_\_
Other assets: Savings / Deposit Account Balance: \$ \_\_\_\_\_ Investments/Stocks Value: \$ \_\_\_\_\_

Will this credit card be used to conduct transactions for anyone other than the authorised Cardholder? Yes No If yes, please complete a Third Party Determination form available at your local Scotiabank branch.

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.

Yes, I would like to insure my Scotiabank PriceSmart Diamond MasterCard® account balance. Single Coverage

I understand that to be eligible for life coverage, I must be over 18 and under 70 years of age to enrol 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 account number, monthly statement balance and any other necessary information. The single life coverage is only 29 cents /\$100 of my outstanding balance. I authorise the insurance provider Scotia Jamaica Life Insurance Company Limited, to charge monthly premiums to my Scotiabank PriceSmart Diamond MasterCard account.

"We", "our", "us", "Scotiabank" and the "Bank" mean The Bank of Nova Scotia Jamaica Limited.

By signing below, you certify that the information contained in this application is true and complete. You authorise us to collect personal and financial information ("personal information") from you and use your personal information to adjudicate and administer the products and services requested. You also authorise us to collect and disclose personal information about you from and to third parties, programme partners, merchants and other credit reporting agencies, credit grantors and any person you have or propose to have financial relations with as permitted or required by law. You authorize us to verify the personal information you have given us from time to time and direct any person that we may contact to provide us with such information. You acknowledge and agree that we may use third party service providers to process and handle your personal information and that some of our service providers may be located outside Jamaica. As a result, your personal information may be accessible to regulatory authorities in accordance with the laws of these jurisdictions. You agree to read and be bound by the Scotiabank PriceSmart Diamond MasterCard Cardholder Agreement and to have the Bank debit your Scotiabank PriceSmart Diamond MasterCard credit card account with the annual fees for the Card.

\_\_\_\_\_ IDIDIMIMIYIYI \_\_\_\_\_

Applicant's (Primary Cardholder's) Signature

Date

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