

Scotiabank Deposit Account Application

PLEASE BRING TWO PIECES OF IDENTIFICATION WHEN YOU VISIT THE BRANCH. ONE MUST BE A GOVERNMENT ID.

Government ID (e.g.: Passport, National ID Card) Secondary Identification (e.g.: Job letter, Birth Certificate)
 Utility Bill (for proof of address) Two Reference Letters (For non-residents only)

Account Information

Account Type: Savings Chequing Account Currency: Local US Dollar

Applicant Information

Are you a Scotiabank Customer? Yes No

Mr. Ms. Mrs. Dr.

First Name: _____ Last Name: _____

Address: _____ City: _____ Country: _____ Postal Code (if applicable): _____

Home Phone: _____ Cell Phone: _____ Email: _____

Mailing address if different from above:

Address: _____ City: _____ Country: _____ Postal Code (if applicable): _____

Marital Status: Single Married Divorced Widowed Date of Birth: DD/MM/YYYY: _____

Residency Status: Resident Non-Resident Gender: Male Female

National Insurance #: _____ City of Birth: _____ Country of Birth: _____ Citizenship: _____

Employment Information

Employer's Name: _____ Occupation/Title: _____ Business Phone: _____

Joint Applicant Information

Are you a Scotiabank Customer? Yes No

Mr. Ms. Mrs. Dr.

First Name: _____ Last Name: _____

Address: _____ City: _____ Country: _____ Postal Code (if applicable): _____

Home Phone: _____ Cell Phone: _____ Email: _____

Mailing address if different from above:

Address: _____ City: _____ Country: _____ Postal Code (if applicable): _____

Marital Status: Single Married Divorced Widowed Date of Birth: DD/MM/YYYY: _____

Residency Status: Resident Non-Resident Gender: Male Female

National Insurance #: _____ City of Birth: _____ Country of Birth: _____ Citizenship: _____

Employment Information

Employer's Name: _____ Occupation/Title: _____ Business Phone: _____

Other Party Information

Will this account be used to conduct business on behalf of someone other than the named account holder(s)? Yes No

If yes, please provide details: _____

Applicant Agreement

By completing and signing this application, I/we acknowledge that I/we have read and understood this application. I/we request the services listed and confirm that the information recorded on the application is true and complete.

Applicant Signature: _____

Date: _____

Joint Applicant Signature: _____

Date: _____