

|   |                                       |                                     |                   |                                |                                 |   |                          |
|---|---------------------------------------|-------------------------------------|-------------------|--------------------------------|---------------------------------|---|--------------------------|
| <b>Dealer (Seller)</b>  |                                       |                                     |                   | <b>Salesperson</b>             |                                 |   |                          |
| <b>Loan/Lease No.</b>   |                                       | <b>Customer I.D. Confirmed? Y N</b> |                   | <b>Applicant X</b>             |                                 | <b>Guarantor X (Guarantor must complete a separate statement)</b> |                          |
| <b>APPLICANT INFORMATION</b>  |                                       |                                     |                   |                                |                                 |   |                          |
| Mr. Ms. Mrs. Miss   | Legal First Name                      |                                     | Legal Middle Name |                                | Legal Last Name                 |   | Birth Date<br>YYYY MM DD |
| Present Address   |                                       |                                     |                   | City                           | Province                        | Postal Code   |                          |
| How Long Y M  | Residence Phone ( )                   |                                     |                   | E-Mail Address                 |                                 |   |                          |
| Previous Address<br>(if less than 3 years at present)                   |                                       |                                     |                   | City                           | Province                        | Postal Code   |                          |
| S.I.N.  | Present Employer                      |                                     |                   | How Long Y M                   | Occupation                      |   | Gross Monthly Income \$  |
| Employer's Contact Name and Phone ( )                                   |                                       |                                     |                   | Business Fax ( )               |                                 |   |                          |
| Employer's Address  |                                       |                                     |                   |                                |                                 |   |                          |
| Previous Employer and Phone Number<br>(if less than 2 years at present) |                                       |                                     |                   | How Long Y M                   | Occupation                      |   | Gross Monthly Income \$  |
| Self Employed N Y →   | If Y: Accountant's Name and Phone ( ) |                                     |                   |                                |                                 |   |                          |
| Vehicle Owned   | Year                                  | Make                                | Model             | Financed By                    |                                 | Balance Owing \$  | Monthly Payment \$       |
| <b>CO-APPLICANT INFORMATION</b>   |                                       |                                     |                   |                                |                                 |   |                          |
| Mr. Ms. Mrs. Miss.  | Legal First Name                      |                                     | Initials          | Legal Last Name                |                                 | Birth Date<br>YYYY MM DD  |                          |
| Present Address   |                                       |                                     |                   | City                           | Province                        | Postal Code   |                          |
| How Long Y M  | Residence Phone ( )                   |                                     |                   | E-Mail Address                 |                                 |   |                          |
| Previous Address<br>(if less than 3 years at present)                   |                                       |                                     |                   | City                           | Province                        | Postal Code   |                          |
| S.I.N.  | Present Employer                      |                                     |                   | How Long Y M                   | Occupation                      |   | Gross Monthly Income \$  |
| Employer's Contact Name and Phone ( )                                   |                                       |                                     |                   | Business Fax ( )               |                                 |   |                          |
| Employer's Address  |                                       |                                     |                   |                                |                                 |   |                          |
| Previous Employer and Phone Number<br>(if less than 2 years at present) |                                       |                                     |                   | How Long Y M                   | Occupation                      |   | Gross Monthly Income \$  |
| Self Employed N Y →   | If Y: Accountant's Name and Phone ( ) |                                     |                   |                                |                                 |   |                          |
| <b>DETAILS OF ITEM PURCHASED/LEASED</b>                                 |                                       |                                     |                   |                                |                                 |   |                          |
| Year  | Make                                  | Model                               | UVC               | I.D./ Serial No.               |                                 | Kms on Unit   |                          |
| <b>REFERENCES (Must provide bank, Landlord plus 3 references)</b>       |                                       |                                     |                   | <b>MONTHLY PAYMENTS</b>        |                                 |   |                          |
| Name of Bank  |                                       |                                     | Phone No.         | <input type="checkbox"/> Owner | <input type="checkbox"/> Renter | \$  |                          |
| Name of Landlord (If Renter)  |                                       |                                     | Phone No.         | Credit Cards                   |                                 | \$  |                          |
| Name of Family, Relative or Close Friend                                |                                       |                                     | Phone No.         | Credit Cards                   |                                 | \$  |                          |
| Street Address  |                                       |                                     |                   | Loans                          |                                 | \$  |                          |
| Name of Family, Relative or Close Friend                                |                                       |                                     | Phone No.         | Loans                          |                                 | \$  |                          |
| Street Address  |                                       |                                     |                   | Family support                 |                                 | \$  |                          |
| Name of Family, Relative or Close Friend                                |                                       |                                     | Phone No.         | Other                          |                                 | \$  |                          |
| Street Address  |                                       |                                     |                   | Other                          |                                 | \$  |                          |

Please Correspond in  English  French

**Applicable in the Province of Quebec only:** It is the express wish of the parties that this Application and all documents relating to it be drawn up and executed in English. Les parties conviennent et exigent expressément que le contrat et tous les documents qui s'y rapportent soient rédigés en anglais.

In this Agreement, the words "we", "our" and "us" mean any Scotiabank Group Member\* or the collective Scotiabank Group\*. The words "you" and "your" mean the Applicant and Co-Applicant. "Service" means any personal or business banking, insurance, brokerage or financial product or service offered by us.

We may collect from, and use and disclose personal information to, any person or organization for the following purposes: to confirm your identity; to understand your needs; to determine the suitability of our Services for you; to determine your eligibility for our Service; to set up, manage and offer Services that meet your needs; to provide you with ongoing Service; to meet our legal and regulatory requirements; to investigate and adjudicate insurance claims; to prevent or detect criminal activity or to manage or settle any actual or potential loss in connection with fraud or criminal activity. We will use health information strictly for the provision of an insurance Service.

When you apply for, accept or guarantee a loan or credit facility or otherwise become indebted to us, and from time to time during the course of the loan or credit facility, we may use, give to, obtain, verify, share and exchange credit and other information (except health information) about you with others, including credit bureaus, mortgage insurers, creditor insurers, registries, other companies in the Scotiabank Group and other persons with whom you may have financial dealings, as well as any other person as may be permitted or required by law. We may do this throughout the relationship we have with you. You authorize any person whom we contact in this regard to provide such information to us. You acknowledge that, for the initial application, we may obtain two credit bureaus on each Applicant and Co-Applicant.

All information, which you give us at any time, will be true and complete and you will not withhold any material information.

If any personal information changes or becomes inaccurate or out of date, you will tell us so we can revise our records.

During the term of the loan or credit facility, you may not withdraw your consent to our ongoing collection, use or disclosure of your personal information in connection with the loan or other credit arrangement you have with us or have guaranteed. We can continue to disclose your personal information to credit bureaus even after your loan or credit facility has been retired, and you may not withdraw your consent to us doing so. We do this to help maintain the accuracy, completeness and integrity of the credit reporting system. For further information with respect to refusing or withdrawing your consent to our collection, use or disclosure of information, please refer to the Scotiabank Group Privacy Agreement.

We may collect, use and disclose your Social Insurance Number (SIN) for income tax reporting purposes, as required by law. In addition, we may ask you for your SIN to verify and report credit information to credit bureaus and credit reporting agencies as well as to confirm your identity. This allows us to keep your personal information separate from that of other customers, particularly those with similar names, and helps maintain the integrity and accuracy of your personal information. You may refuse to consent to its use or disclosure for these purposes other than as required by law.

You expressly waive your right, where permitted by law to receive a copy of any Financing Statements, Financing Change Statements or Verification Statements registered or issued under the Personal Property Security Act or similar legislation as a result of a loan made by us to you or any renewal or discharge thereof.

For Indirect Loan customers, by signing this application, you agree to the terms of the Scotiabank Privacy Agreement, a copy of which has been or will be provided to you and can be obtained at any Scotiabank branch or from our website at [www.scotiabank.com](http://www.scotiabank.com). You affirm all information obtained from you is true, correct and complete. If any statement made by you is not true, we may cancel the loan and request immediate repayment of all money advanced to you.

DATE

APPLICANT'S SIGNATURE

CO-APPLICANT'S SIGNATURE

Contract Number \_\_\_\_\_

\* For the purposes of this Agreement, Scotiabank Group means, collectively, Scotiabank and all of Scotiabank's subsidiaries with respect to their operations in Canada. Scotiabank Group Member means Scotiabank or any one of its subsidiaries with respect to its operations in Canada