

NEW ACCOUNT CHECKLIST

Customer Name (First, Last Name)

Scotiabank Customer

Yes

No

If yes, Scotiacard number:

Who will be the Primary Cardholder (i.e., Treasurer)

Customer Date of Birth

Customer Address (please include postal code)

Driver's Licence Number

Driver's Licence Expiry Date

Customer Phone number

E-mail

Employer Name

Employer Address

Occupation (Title)