

Developer: Third Party: Name:

Date:

 Sales Agent: _____ Current Client New Client

Product:	<input type="checkbox"/> Home Purchase <input type="checkbox"/> Lot Purchase <input type="checkbox"/> Construction <input type="checkbox"/> Refinancing <input type="checkbox"/> Equity loan <input type="checkbox"/> Second Home Purchase			Specify:	
Amount Requested:	Currency: <input type="checkbox"/> Colones <input type="checkbox"/> Dollars	Approx. Value of the Property (Sale Price)	Term (months):	Interest Rate:	Bank Fee %:
Preferred Bank Branch:	Universal Account Number:	Application No.:	Client No.:	Entered by:	
Processing Branch:	Bank officer:	Project:	Source of funds, down payment:		

Applicant Information

 Registered Owner : Yes No

Personal Information

First and Last Name(s): _____

Date of Birth: _____

Nationality: _____

Identification Type:

 ID Passport Resident Other:

Time residing in Costa Rica (for non-citizens): _____

Identification number: _____

Expiration: _____

 Gender: Male Female

Marital Status:

 Married Single Union Divorced Widower Other (specify): _____

Number of Dependents: _____

Tel. (Home): _____

Cell Phone: _____

Fax: _____

P.O. Box: _____

Email Address: _____

Profession / Trade: _____

Domicile / Country: _____

Province: _____

County: _____

District: _____

Other Address information (Street, Avenue, Landmark): _____

 At this address since (Month/Year) Own* Mortgage** Rental Relative/Parent Other - Specify: _____

* If own home, indicate the registered owner ID number: _____

Approx. Value of the Property: _____

** In case of mortgaged property, Bank: _____

Balance: _____

Monthly Payment: _____

Previous Address (if living at current address less than three years): _____

From (Month/Year): _____

 Automobile: Make: _____ Model: _____ Year: _____ Financed: Yes No

Job Information

Place of Work (Name): _____

 Own Company: Yes No

Current Position: _____

Starting Date: _____

Monthly Income: _____

Monthly Salary: _____

Other Income: _____

Source of Funds (Brief Description): _____

 Work Address: Country: _____ Province: _____ County: _____ District: _____
 Other address info: (Street, Avenue, Landmark): _____

Work Telephone: _____

Extension: _____

Fax: _____

Email Address: _____

* Previous Job: _____

Telephone: _____

Previous Position: _____

Previous Salary: _____

Starting Date: _____

Ending Date: _____

Reason for Leaving: _____

*Mandatory if you have been in your current position for less than 3 years.

Spouse Information

 Applying as Co-signer: Yes No Registered Owner: Yes No Client: Asset New

Personal Information

First and Last Name(s): _____

Date of Birth: _____

Nationality: _____

Identification Type:

 ID Passport Resident Other: _____

Time residing in Costa Rica (for non-citizens): _____

* Trademark of The Bank of Nova Scotia, used under licence.

Spouse Information (Continued)

Identification Number: _____ Expiration: _____ Gender: Male Female Profession / Trade: _____
 Tel. (Home): _____ Cell Phone: _____ Fax: _____ P.O. Box: _____ Email address: _____
 Automobile: _____ Make: _____ Model: _____ Year: _____ Financed: Yes No

Job Information

Place of Work (Name): _____

Current Position: _____

Own Company: Yes No

Monthly Income: _____

Monthly Salary: _____

Other Income: _____

Starting Date: _____

Source of Funds (Brief Description): _____

Work Address: _____

Country: _____

Province: _____

Canton: _____

District: _____

Other Address (Street, Avenue, Landmark): _____

Work Telephone: _____

Extension: _____

Fax: _____

Email Address: _____

*Previous Job: _____

Telephone: _____

Previous Position: _____

Previous Salary: _____

Starting Date: _____

Ending Date: _____

Reason for Leaving: _____

*Mandatory if living at current address less than three years.

Family members, close friends or associates that do not live with the applicant

Name	Address	Relationship	Telephone

Bank References (Current Debt*) - Including Credit Cards & Loans

Main Bank:	Branch:	<input type="checkbox"/> Checking Account	Average Balance:	<input type="checkbox"/> Savings Account	Average Balance:
Entity	Purpose	Balance	Payment	Loan or Card No.	

* If you have no debt, places that will provide a reference.

Credit Card Application

Note: A card will be issued for each application signed in this section.

I (we) would like to apply for a Scotiabank () Visa card / () MasterCard. If approved, I (we) agree to sign any legal documents that the bank believes are pertinent to the credit card.

Applicant Signature _____

Co-signer Signature _____

Card for Co-signer: Yes No

Sworn Statement

The undersigned swear under oath that the information provided herein is true and accurate and is being provided so the bank can evaluate this application. In addition, there has been no omission that may lead to an error by the bank or its employees. I (we) expressly authorize the bank and its employees, along with the General Superintendency of Financial Entities (SUGEF), to obtain, verify, and use the general credit information about me (us) and to provide and exchange the information set forth herein so it may be included in the public or private databases in the National Financial System. Lastly, I (we) state that I (we) understand that this credit application is the exclusive property of the bank and hereby authorize the bank to open a savings or checking account in the name of the applicant and to make any automatic debits to pay for the loan or credit card. I (we) also agree that the bank will keep the application and the other documents, regardless of whether or not the application is approved and that the bank will send information about the bank's other products and services to me (us).

Date _____

Client Signature _____

Spouse or Co-signer _____