



SCOTIA JAMAICA BUILDING SOCIETY

CIF KEY			MORTGAGE APPLICATION FORM						
NAME (Mr / Miss / Mrs / Ms / Dr)		(First)	(Middle Initial)		(Last)				
ADDRESS									
CITY		ZIP CODE		COUNTRY		LANGUAGE			
SHORT NAME (Last First Middle)		ALIAS		SEX	TYPE CODE				
SPOUSAL CIF KEY		SPOUSE NAME							
HOME PHONE NUMBER		BUSINESS PHONE NUMBER		SPOUSE TAX ID					
COUNTRY OF CITIZENSHIP		COUNTRY OF DOMICILE		TAX ID (Nat Ins /Soc Sec No /etc)					
BIRTH DATE		MARITAL STATUS		ADDRESS SINCE (MMYY)					
SPECIAL HANDLING CODE		MARKET AREA		CUSTOMER SINCE (MMYY)					
BNS OFFICER		NUMBER OF DEPENDANTS							
STATEMENT CYCLE		STATEMENT DAY							
EMPLOYER				EMPLOYED SINCE (MMYY)					
OCCUPATION									
COMMENT 1									
COMMENT 2									
COMMENT 3									
REPORT CODE A		REPORT CODE A		REPORT CODE A					
LAST FINANCIAL STATEMENT (MMYY)		MONTHLY INCOME		CREDIT CARD LIMIT Circle V (Visa) or M (Mastercard)					
MTHLY RENT/ MOTRGAGE		OTHER INCOME		V M					
OCCUPATION CODE		TOTAL INCOME		SCOTIA LINE LIMIT					
RESIDENCE CODE		HIGH CREDIT		SCOTIA PLUS					
CREDIT RATING		Credit Points	OTHER BNS DEBT						
CREDIT RATING		Credit Points	OTHER DEBT						
SPOUSE'S OCCUPATION		EMPLOYED SINCE		CO-BORROWERS / GUARANTORS					
SPOUSE'S EMPLOYER		SPSE GRS MTHLY INC.							
OTHER INCOME SOURCE		TOTAL FAMILY INC.							
PREVIOUS ADDRESS (If less than 2yrs at present)		HOW LONG?		PREVIOUS EMPLOYER (If less than 2yrs at present)		HOW LONG?			
Co-applicant(s) details on attached Customer Details Form(s) <input type="checkbox"/> (Number)									
Asset / Liability Statement:		\$000s							
Auto, Home, etc.		Asset	Liability	Monthly Pmt	Real Estate Held				
					PARTICULARS	\$ PURCH. PRICE			
						\$			
					MORTGAGE HOLDER(S) OR LAND LORD	\$ MORT BAL (1st)	\$ MORT BAL (2nd)	INTEREST RATE	MATUR. DATE
						\$	\$	\$ PURCH. PRICE	
					TAXES PAID TO			\$ PURCH. PRICE	FIRE INS. YES NO
								\$	YES NO
		Total \$			NET WORTH	\$			
Alternate Name & Address (If different from Customer Details):									
NAME									
ADDRESS									
CITY		COUNTRY		ZIP CODE					
REFERENCES: Relatives, Close Friends or Associate NOT residing with the Applicant.	NAME				ADDRESS		RELATIONSHIP / OCCUPATION		
	NAME				ADDRESS		RELATIONSHIP / OCCUPATION		
	NAME				ADDRESS		RELATIONSHIP / OCCUPATION		
<p>By signing below, you affirm that the information you have given below and on the back of this Application form, where applicable, is true and complete and forms part of this Application and that you have not withheld any information. We will rely on the information you have given us to decide on your Application. You authorize us to obtain further information about you and to check the information you have given us. We can also give information about you to credit bureaus and other credit grantors as permitted by law. You also request and authorize us to send you information about other Scotiabank services.</p>									
DATE	WITNESS	APPLICANT'S SIGNATURE				CO-APPLICANT'S SIGNATURE			
FILE: Customer Folder									
4223411 (11/93)									

REPAYMENT SCHEDULE:	
LOAN NUMBER	REFERRAL TRANSIT NUMBER
PRINCIPAL	REGISTRATION/ COMMISSION FEE
STAMP DUTY	INCLUDED IN FIRST PAYMENT? (Y/N)
CHARGES ADJUST	TOTAL CONTRACT
INTEREST RATE	INTEREST TYPE (A = Rule of 78 / S = Daily Interest)
EARLY MATURITY TERM (MONTHS)	AMORTIZATION TERM
STANDARD PAYMENT	MATURITY DATE
PURPOSE CODE	SECURITY CODE
RATE CODE	PERSONAL ADJUSTMENT FACTOR
PURPOSE OF LOAN _____	
Debit Service Ratio	
A MORTGAGE PAYMENT	\$
B GROSS INCOME	\$
C DEBT SERVICE RATIO	%

OTHER LOAN CODES:	
AUTO DEBIT TYPE (D = DDA / S = Savings)	
AUTO DEBIT TRANSIT NUMBER	AUTO DEBIT ACCOUNT NUMBER
INSURED? (Y/N/1/2/3/4/5)	DEPARTMENT CODE (FOR SALARY SCHEDULE)
MAIL? (Y/N)	PRODUCE IRS 1098 REPORT? (Y/N)
REGISTERED? (Y/N)	EMPLOYEE LOAN? (Y/N)
LATE FEE CODE	NUMBER OF HISTORY CARDS TO PRODUCE (1-9)
SOLICITATION? (Y/N)	TRIAL BALANCE MESSAGE (1, 2, OR 3)
CONTROL CODE (Past Due Reporting)	GENERAL LEDGER CODE
USER FIELDS	CENSUS TRACT NUMBER
NUMBER OF PROMISSORS	NUMBER OF GUARANTORS

REAL ESTATE SECURITY				
DESCRIPTION				
LOCATION				
VOLUME	FOLIO	INSURANCE EXPIRY DATE	INSURANCE AMOUNT	
POLICY NUMBER	COMPANY NAME	AGENT NAME		
REGISTERED OWNERS				
NAME OF VALUATORS	DATE OF REPORT	AMOUNT OF VALUATION		
NAME OF COMMISSIONED LAND SURVEYOR		DATE OF CERTIFICATE		
PRESENT / PROPOSED USE				
PRESENT / PROPOSED OCCUPANTS				
LOAN VALUES:				
REAL ESTATE	OTHER	TOTAL		
DISTRIBUTION OF LOAN PROCEEDS:				
NAME	AMOUNT	NAME	AMOUNT	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
AMOUNT LOANED/SUB TOTAL		\$	AMOUNT LOANED	\$
PROCESS DISTRIBUTION TO OTHER FINANCIAL INSTITUTIONS:				
OTHER BANKS	LOAN COMPANIES	CREDIT UNIONS		
AMOUNT	NUMBER	AMOUNT		
SCOTIABANK	OTHER	NUMBER		
AMOUNT	NUMBER	AMOUNT		
NUMBER	NUMBER	NUMBER		

Details of Loan Purpose			
TOTAL PURCHASE PRICE \$ _____			
COST OF IMPROVEMENTS \$ _____			
O/S MORTGAGE \$ _____			
OTHER COSTS \$ _____			
TOTAL \$ _____			
LESS DOWN PMT \$ _____			
TOTAL LOAN \$ _____			
Security Verification			
REGISTRATION OWNERSHIP	1 2	TITLE SEARCH?	YES NO
CLEAR? _____			
TO WHOM? _____			

NAME	AMOUNT	NAME	AMOUNT	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
AMOUNT LOANED/SUB TOTAL		\$	AMOUNT LOANED	\$

DATE	WITNESS	APPLICANT'S SIGNATURE	CO-APPLICANT'S SIGNATURE		
PREPARED BY	CHECKED BY	APPROVED BY	INPUT VERIFIED BY	AUDITED BY	MANAGER