

## TELL US ABOUT YOURSELF

MARRIED    SINGLE    DIVORCED    SEPARATED    WIDOWED  
  MR.    MRS.    MISS    MS.    DR.    OTHER

FIRST NAME		INITIAL	LAST NAME		MOTHER'S MAIDEN NAME		
HOME ADDRESS			APT. NO.	CITY	PROVINCE	POSTAL CODE	# OF YEARS
PREVIOUS ADDRESS IF LESS THAN 2 YEARS			APT. NO.	CITY	PROVINCE	POSTAL CODE	# OF YEARS
SOCIAL INSURANCE NUMBER (Optional)	DATE OF BIRTH	HOME TELEPHONE (   )		MOBILE TELEPHONE (   )		EMAIL ADDRESS	
PRIMARY GOVERNMENT ISSUED PHOTO ID (MANDATORY - PLEASE ATTACH COPY)							
TYPE OF ID		ID #	PLACE OF ISSUE			EXPIRY DATE	
SECONDARY ID (MANDATORY - PLEASE ATTACH COPY)							
TYPE OF ID		ID #	PLACE OF ISSUE			EXPIRY DATE	

## TELL US ABOUT YOUR EMPLOYMENT

SELF-EMPLOYED    FULL TIME    PART TIME    SEASONAL    STUDENT    RETIRED  
 MONTHLY INCOME (BEFORE TAX)   SOURCE OF INCOME

CURRENT EMPLOYER NAME		OCCUPATION			BUSINESS TELEPHONE (   )	# OF YEARS
EMPLOYER'S ADDRESS			SUITE NO.	CITY	PROVINCE	POSTAL CODE

## TELL US ABOUT THE CO-APPLICANT

MARRIED    SINGLE    DIVORCED    SEPARATED    WIDOWED  
  MR.    MRS.    MISS    MS.    DR.    OTHER

FIRST NAME		INITIAL	LAST NAME		MOTHER'S MAIDEN NAME		
HOME ADDRESS			APT. NO.	CITY	PROVINCE	POSTAL CODE	# OF YEARS
PREVIOUS ADDRESS IF LESS THAN 2 YEARS			APT. NO.	CITY	PROVINCE	POSTAL CODE	# OF YEARS
SOCIAL INSURANCE NUMBER (Optional)	DATE OF BIRTH	HOME TELEPHONE (   )		MOBILE TELEPHONE (   )		EMAIL ADDRESS	
PRIMARY GOVERNMENT ISSUED PHOTO ID (MANDATORY - PLEASE ATTACH COPY)							
TYPE OF ID		ID #	PLACE OF ISSUE			EXPIRY DATE	
SECONDARY ID (MANDATORY - PLEASE ATTACH COPY)							
TYPE OF ID		ID #	PLACE OF ISSUE			EXPIRY DATE	

## TELL US ABOUT THE CO-APPLICANT'S EMPLOYMENT

SELF-EMPLOYED    FULL TIME    PART TIME    SEASONAL    STUDENT    RETIRED  
 MONTHLY INCOME (BEFORE TAX)   SOURCE OF INCOME

CURRENT EMPLOYER NAME		OCCUPATION			BUSINESS TELEPHONE (   )	# OF YEARS
EMPLOYER'S ADDRESS			SUITE NO.	CITY	PROVINCE	POSTAL CODE

**I certify the above information is correct and I consent to collection and use of credit and personal information as set out on the next page of this form.**

**Please read the terms and disclosures on the next page of this form. By signing this application you agree to these terms.**

**Co-Applicant Disclosure:** Where there is a Co-Applicant on this Account, you will each receive in separate envelopes monthly Account Statements, disclosure statements, agreements and notices (together called "Statements" in this paragraph) at the address you set out in this application or other address you provide to us, unless you consent to have one copy sent to one address only.

**You may choose to receive only one copy of Statements by initialling the box below:**

Initial  **I consent to one copy of Statements being sent to us at the address set out in this Application or such new address as we at a later time may give to you.**  
 Initial

You may by notice to us at a later time alter this consent to have Statements sent to each Co-Applicant at the address they provide. You may contact us for further information regarding this matter at 1-877-727-6883.

Initial  **I am not acting on behalf of any third party and the Account will not be used by any third party other than a person specifically designated by me as an authorized user.**  
 Initial

**I apply for the Home Trust Visa Account and agree to these terms including those printed on the next page of this form.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECURITY DEPOSIT AMOUNT:** All funds must be made payable to "Home Trust Company" (no cash please).  
 (Minimum \$1,000; Maximum \$10,000) PERSONAL or PERSONAL CERTIFIED CHEQUE, MONEY ORDER, or BANK DRAFT from a Canadian Financial Institution \$ \_\_\_\_\_