

Consumer Financing, Transit 1700-1, Fax: 1-888-663-1578  
 500 Place d'Armes, 16th Floor, Montreal, Quebec H2Y 2W3

**Date:** \_\_\_\_\_  
 YYYY MM DD

**Mandatory sections to be completed by the Professional or Merchant:** Section 1 (depending on the type of product or service financed) and Sections 2, 4 and 8

**Mandatory sections to be completed by the Broker:** Sections 3, 5, 6 and 7

Merchant ref. No. \_\_\_\_\_

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**SECTION 1 - To be completed by the Professional or Merchant (mandatory)**
**Reserved for Other Products and Dental Care.**

N.B.: For dental care, include an estimate of the goods and services involved when sending the credit application.

\$ _____	_____	<b>Rate subject to change</b>			<b>Promotion</b> (if applicable): _____
<b>Amount requested</b>	Term				Length of promotion
_____	_____				
Fixed rate	Variable rate	Rate	Period	Term	
_____	_____	_____	_____	_____	
Payment frequency:	<input type="checkbox"/> Weekly*	<input type="checkbox"/> Every two weeks*	<input type="checkbox"/> Monthly*		
	* If the type of financing allows it.				

 Tick the type of promotion:
  Interest-free period or
  Rate reduction of \_\_\_\_\_ %

**SECTION 2 - MAIN APPLICANT - To be completed by the Professional or Merchant (mandatory)**

<input type="checkbox"/> Ms.	_____	_____	_____
	<b>Last name and first name</b>	<b>Date of birth (YYYY MM DD)</b>	S.I.N. (optional)
<input type="checkbox"/> Mr.	_____	_____	_____
<input type="checkbox"/> Tick if non-resident	<b>Telephone No. (home)</b>	<b>Telephone No. (work)</b>	
	_____	_____	

**Verification of identity of main applicant**
**Single method (client is present):** A single government-issued identity document with the holder's photo

<input type="checkbox"/> Driver's licence	<input type="checkbox"/> Passport	<input type="checkbox"/> Quebec health insurance card	<input type="checkbox"/> Other: _____
_____	_____	_____	_____
<b>No. of identity document</b>	<b>Place of issue</b>	<b>Expiration date (YYYY MM DD)</b>	
_____	_____	_____	

**SECTION 3 - MAIN APPLICANT - To be completed by the Broker (mandatory)**

<input type="checkbox"/> Owner	_____	_____
	Since	Address (No., Street, City, Province, Postal Code)
<input type="checkbox"/> Tenant	_____	_____

**If at this address for less than 2 years**

<input type="checkbox"/> Owner	_____	_____
	No. of years	Previous Address (No., Street, City, Province, Postal Code)
<input type="checkbox"/> Tenant	_____	_____

_____	_____
Name of employer (If self-employed, specify type of work)	Address (No., Street, City, Province, Postal Code)

 Type of employment:
  Permanent
  Temporary
  Part-time

_____	_____	\$ _____
Occupation	No. of years	Gross annual salary
_____	_____	\$ _____
Specify if other employment income (occupation)	No. of years	Gross annual salary

**If less than 2 years with current employer**

_____	_____	_____
Name of previous employer (If self-employed, specify type of work)	No. of years	Occupation

**SECTION 4 - CO-APPLICANT - To be completed by the Professional or Merchant (mandatory)**

Ms. \_\_\_\_\_  
 Mr. \_\_\_\_\_ Last name and first name \_\_\_\_\_ Date of birth (YYYY MM DD) \_\_\_\_\_ S.I.N. (optional) \_\_\_\_\_

Tick if non-resident Telephone No. (home) \_\_\_\_\_ Telephone No. (work) \_\_\_\_\_

**Verification of co-applicant's identity**

**Single method (client is present):** A single government-issued identity document with the holder's photo

Driver's licence     Passport     Quebec health insurance card     Other: \_\_\_\_\_

\_\_\_\_\_  
 No. of identity document                      Place of issue                      Expiration date (YYYY MM DD)

**SECTION 5 - CO-APPLICANT - To be completed by the Broker (mandatory)**

Owner \_\_\_\_\_ Since \_\_\_\_\_ Address (No., Street, City, Province, Postal Code) \_\_\_\_\_  
 Tenant \_\_\_\_\_

**If at this address for less than 2 years**

Owner \_\_\_\_\_ No. of years \_\_\_\_\_ Previous Address (No., Street, City, Province, Postal Code) \_\_\_\_\_  
 Tenant \_\_\_\_\_

\_\_\_\_\_  
 Name of employer (If self-employed, specify type of work)                      Address (No., Street, City, Province, Postal Code)

Type of employment:     Permanent     Temporary     Part-time

\_\_\_\_\_  
 Occupation                      No. of years                      \$ \_\_\_\_\_  
 Gross annual salary

\_\_\_\_\_  
 Specify if other employment income (occupation)                      No. of years                      \$ \_\_\_\_\_  
 Gross annual salary

**If less than 2 years with current employer**

\_\_\_\_\_  
 Name of previous employer (If self-employed, specify type of work)                      No. of years                      Occupation

**SECTION 6 - BALANCE SHEET - To be completed by the Broker (mandatory)**

ASSETS	VALUE	LIABILITIES	BALANCE	MONTHLY PAYMENTS
_____ Type of main residence	\$ _____	_____ Name of mortgage creditor	\$ _____	\$ _____
_____ Car (year, make, model)	\$ _____	_____ Credit cards	\$ _____	\$ _____
_____ Savings, GICs, etc.	\$ _____	_____ Lines of credit	\$ _____	\$ _____
_____ Other assets	\$ _____	_____ Other loans	\$ _____	\$ _____
		_____ Monthly rent/condo fees (if applicable)	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	<b>TOTAL</b>	\$ _____	\$ _____

**SECTION 7 - IDENTIFICATION OF THIRD PARTY - To be completed by the Broker (mandatory)**

Has the loan been contracted on behalf of or per the instructions of a third party?     No     Yes. If so, complete the following:

Ms. \_\_\_\_\_  
 Mr. \_\_\_\_\_ Last name and first name \_\_\_\_\_ Company name  
 \_\_\_\_\_  
 (Incorporation No. or registration No. and place of issue of certificate of incorporation, if applicable)

\_\_\_\_\_  
 Address (No., Street, City, Province, Postal Code)

\_\_\_\_\_  
 Occupation/Nature of business                      Relationship to main applicant/co-applicant                      Date of birth of third party (YYYY MM DD)

**SECTION 8 - AUTHORIZATION AND CONSENT - To be completed by the Professional or Merchant (mandatory)**

I confirm that the following information is true:

_____	_____	\$ _____
First and last name of main applicant	Initials	Reported income
_____	_____	\$ _____
First and last name of co-applicant (if applicable)	Initials	Reported income

**CREDIT APPLICATION**

I, the undersigned, hereby request financing (the "Loan") from National Bank of Canada (the "Bank"). I acknowledge that the granting of the Loan is conditional on credit approval by the Bank, at its sole discretion. I certify that all the information provided is accurate and that I do not have any other creditors than those declared on this form. I acknowledge that this information may influence the Bank's credit decision. The Bank may, at any time, cancel any loan that it may have granted me, should the information that I provided prove to be inaccurate.

**GENERAL TERMS AND CONDITIONS**

I acknowledge that I have read the General Terms and Conditions below and accept them.

**CONSENT REGARDING PERSONAL INFORMATION**

I acknowledge that by signing this form, I also give my consent with respect to my personal information effective immediately and for the duration of my business relationship with the Bank and Professional or Merchant, as applicable, or for a longer period of time if required or permitted by law, subject to my right to restrict the use and disclosure of such information, as set out below. If I have provided personal information on a third party, I confirm that the third party authorized me to do so and consents to the collection, use and disclosure of personal information in accordance with the provisions hereof. Should I have any privacy questions, I may contact branch personnel, the Professional or the Merchant, as applicable, or the Bank's Privacy Officer by email at [confidentiality@nbc.ca](mailto:confidentiality@nbc.ca) or by any other means mentioned in the Bank's Privacy Policy.

**Moreover, I expressly authorize the Bank to occasionally verify my solvency or creditworthiness with any credit reporting and assessment agency and to provide my personal information to any such agency.**

\_\_\_\_\_

Date (YYYY MM DD)      Main applicant      Co-applicant (if applicable)

**SECTION 9 COST OF BORROWING DISCLOSURE**

**DISCLOSURE OF THE COST OF BORROWING IN THE CASE OF MORE THAN ONE APPLICANT**

Each of the applicants is hereby informed of his or her right to individually receive all the documents constituting disclosure of the cost of borrowing pursuant to the *Bank Act*, including statements of account and different notices (the "regulatory information"). Each of the applicants acknowledges having read the provisions in the General Terms and Conditions section and that by signing this form, they confirm the election made hereinunder.

**Option 1. Separate disclosure**

If Option 2 is not ticked, each of the applicants wishes to receive the regulatory information.

**OR**

Option 2. **Single disclosure** (tick if applicable)

Each of the applicants requests that the Bank send one copy of the regulatory information to only one applicant, i.e., the main applicant.

**SIGNATURE(S)**

\_\_\_\_\_

Date (YYYY MM DD)      Main applicant      Co-applicant (if applicable)

**SECTION 10 AUTHORIZATION FOR PRE-AUTHORIZED DEBITS**

**1. Account to be debited and Loan**

\_\_\_\_\_

Account No.      Branch transit      Name of financial institution      No. of financial institution

**Account holder:**

\_\_\_\_\_

First and last name

\_\_\_\_\_

Address (No., Street, City, Province, Postal Code)

- Loan to be granted by the Bank:
- Fixed-rate loan
  - Variable-rate loan
  - Loan with rate subject to change

## 2. Authorization to debit my account held at National Bank of Canada

### 2.1 Authorization to debit my account

I am the holder of the bank account identified in section 1. I authorize the Bank to debit this account to pay the amounts due in connection with my Loan:

- regular payments (principal and interest)
- fees
- amounts that I decide to apply to the balance of my Loan (prepayment)
- additional payments that I decide to add to my regular payments (prepayment)
- other amounts due occasionally
- premiums for life, disability or critical illness insurance, if applicable

Every amount will be debited from my account when it is due.

This authorization replaces any other authorization for pre-authorized debits that I may have given to the Bank for my Loan in the past.

### 2.2 Applicable rules

The debits I authorize are governed by the rules set out in the agreement in effect with the Bank regarding my bank account. I am authorized to solely consent to this pre-authorized debit authorization.

**For more information**, I may contact the Bank by phone at 1-888-483-5628 (toll-free) or 514-394-5555 (Montreal), by email at [telnat@nbc.ca](mailto:telnat@nbc.ca), or by visiting a branch.

## SIGNATURE(S)

Date (YYYY MM DD)

Account holder's signature

## 3. Authorization to debit my account with another financial institution (PAD)

### 3.1 Authorization to debit my account

I am the holder of the account identified in section 1. I authorize the Bank to debit this account to pay the amounts due in connection with my Loan:

- **Recurring debits with variable amounts**
  - regular payments (principal and interest)
  - fees
  - additional payments that I decide to add to my regular payments (prepayment)
  - other amounts due occasionally
  - premiums for life, disability or critical illness insurance, if applicable

Every amount will be debited from my account when it is due, for example, weekly, bi-weekly, monthly or other, based on the terms and conditions of my Loan. I understand that the amount of each debit may vary.

Waiver:

I waive the right to receive prior notice of the debit amount 10 days before the date of each debit. I also waive the right to receive prior written notice of any change to the amount or the debit date, notably when this change results from instructions that I have given to the Bank to amend the debit terms and conditions.

- **Sporadic debits**
  - amounts that I decide to occasionally apply to the balance of my Loan (prepayment)
  - other fees and amounts due occasionally

Before making these debits, the Bank shall obtain my authorization in proper form.

### 3.2 Cancelling my PAD authorization

I may cancel this authorization at any time by sending a notice to the Bank 30 days in advance. For more information on my right to cancel this authorization, to request or obtain a cancellation form, I may contact the Bank in one of the following ways:

- by phone at 1-888-483-5628 (toll-free) or 514-394-5555 (Montreal)
- by email at [telnat@nbc.ca](mailto:telnat@nbc.ca)
- by visiting a branch
- by going to [www.cdnpay.ca](http://www.cdnpay.ca)

I may also contact the financial institution where my account is held.

### 3.3 Non-compliant debit and repayment

I have certain rights of recourse if a debit does not comply with this authorization. For example, I have the right to be reimbursed for any debit that is unauthorized or incompatible with this authorization. For more information on my rights of recourse, I may contact the Bank:

- by phone at 1-888-483-5628 (toll-free) or 514-394-5555 (Montreal)
- by email at [telnat@nbc.ca](mailto:telnat@nbc.ca)
- by visiting a branch
- by going to [www.cdnpay.ca](http://www.cdnpay.ca)

I may also contact the financial institution where my account is held.

### 3.4 Applicable rules, nature of debits and waiver

This authorization replaces any other authorization for pre-authorized debits that I may have given to the Bank for my Loan in the past.

I declare that the new pre-authorized debits be used to repay my Loan. These debits are for personal purposes. I am authorized to solely consent to this pre-authorized debit authorization.

In addition, I accept the waiver set out in section 3.

## SIGNATURE(S)

Date (YYYY MM DD)

Account holder's signature

By signing, the Professional or Merchant, as applicable, confirms (i) having collected all the information required by the Bank for sections 1, 2, 4 and 8; (ii) having duly identified the main applicant and, if applicable, the co-applicant; (iii) having witnessed their signature; (iv) having sent the application to the Broker so the latter can complete sections 3, 5, 6 and 7. The Broker confirms having collected the information from the main applicant and co-applicant, if applicable.

Date (YYYY MM DD)

Mandatory signature of the Professional or Merchant or the Professional's or Merchant's duly authorized representative

Name of Professional or Merchant

Address of Professional or Merchant (No., Street, City, Province, Postal Code)

Telephone No.

Fax No.

Date (YYYY MM DD)

Mandatory Signature of the Broker or the Broker's duly authorized representative

Last and first name of duly authorized Broker

## GENERAL TERMS AND CONDITIONS

For the purposes hereof, the term "Bank" designates National Bank of Canada, its successors and assigns. The term "I" designates individually and collectively each of the applicants who applied for the Loan and the person who will benefit from the financed product or service, if applicable. The terms "Professional" and "Merchant" designate the health professional or the merchant, as well as the Professional's or Merchant's successors and assigns, who wish to make a financing program available to their clients in the context of granting products or services. These terms also designate the financial intermediary through which the Professional or Merchant may act (the "Broker").

### Prepayment

I may, at any time prior to expiry and without penalty, pay the balance owing on the Loan, in full or in part.

### Interest rate

*Fixed rate and rate subject to change:* I understand that the fixed rate and the rate subject to change indicated on page 1 are guaranteed for a period of 90 days as of the date this application is signed.

*Variable rate:* I understand that the variable rate indicated on page 1 is the rate in effect on the date this application is signed and that it is provided for information purposes only.

## Collection, use and disclosure of personal information

### Collection

The Bank and the Professional or Merchant collect personal information about me, including my contact information and data related to my identity or finances, in order to offer me the regular financial services for credit products and the related insurance products, by telephone or any technological or electronic device, as applicable, to understand and meet my needs, to determine my eligibility for various bank products and services, and to protect my interests and those of the Bank and of the Professional or Merchant.

I agree to provide the Bank and the Professional or the Merchant with the necessary information about me for the purposes mentioned herein, and I authorize them to obtain personal information about me from any person likely to have it or confirm its accuracy (credit reporting and assessment agencies, financial institutions, public registries, regulatory authorities and agencies, employers, professionals and individuals given as reference). **I also authorize the Bank and the Professional or Merchant to exchange personal information about me for the purposes mentioned herein, particularly information concerning the Bank's decision regarding my credit application. If my application is declined, the Bank may communicate the reasons for this decision to the Professional or Merchant and, for example, disclose certain elements of my credit history.**

### Use and Disclosure

1. The personal information obtained by the Bank and the Professional or Merchant in order to provide me with the products and services requested may be used and disclosed to the persons indicated in the previous paragraph, to any person who works with or for them, including their suppliers or agents, as well as any other third party, as permitted by law, for the following purposes:
  - 1.1 To determine my financial situation and my eligibility for the various products and services requested, and to check the authenticity of the information provided;
  - 1.2 To provide me, on an ongoing basis, with the various financial products and services requested;
  - 1.3 To assess my continued eligibility for these products and services, including through the use of credit reporting and assessment agencies;
  - 1.4 To process and store data, recover amounts and monitor transactions in order to protect me, as well as the Bank and the Professional or Merchant, against errors and fraud;
  - 1.5 To enable the Bank to compile data for statistical purposes, to assess the quality of its customer service and, in general, to conduct its activities and ensure their compliance, thereby authorizing the Bank to record and monitor telephone conversations and other exchanges with me;
  - 1.6 To enable the Bank to adopt measures required and exchange with its subsidiaries and affiliated companies<sup>1</sup> the information necessary to manage risk and update my profile, as well as to comply with applicable legislation, particularly the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*;
  - 1.7 To make it easier for the Bank and the Professional or the Merchant, as well as the credit reporting and assessment agencies, financial institutions, public registries, regulatory authorities and agencies, employers, professionals and persons given as references, to identify me and distinguish me from other clients. I authorize the Bank and the Professional or the Merchant to use my Social Insurance Number for these specific purposes, unless I declined to disclose it when completing this application form;
  - 1.8 To convey my credit file to credit reporting and assessment agencies, and, if applicable, credit product insurers or other lenders in order to preserve the integrity of the credit granting process;
  - 1.9 In other cases and under conditions where the Bank and the Professional or Merchant are permitted by law to use and exchange personal information without my consent.
2. Some of my identity and financial information may also be used and disclosed by the Bank for the following purposes:

- 2.1 To offer me, via mail, telephone and electronic means (such as email) at the addresses and numbers that I have provided to the Bank and to the Professional or Merchant, as applicable, other products and services offered by the Bank, its subsidiaries and affiliates; and
- 2.2 To enable the Bank to disclose such information to its subsidiaries and affiliates (where legislation permits) so that they can offer their products and services to me in the same way.

I expressly authorize the Bank and the Professional or Merchant to use and disclose my personal information for the purposes stated above. I acknowledge that I may, at any time, prohibit the Bank from using and disclosing my personal information for the purposes mentioned in paragraph 2, subject to reasonable notice. To withdraw my consent, I need only notify the Bank by calling 1-888-483-5628 (toll-free) or 514-394-5555 in the Montreal area, by sending an email to [telnat@nbc.ca](mailto:telnat@nbc.ca) or by going to a branch. The product or service requested will not be refused solely because I withhold my consent to my personal information being used or disclosed for such purposes. In all cases, I will be informed of the consequences of withdrawing my consent, particularly the fact that I will no longer receive information about products and services that may be of interest to me. I acknowledge that my decision will not prevent the Bank from sending me regulatory inserts, printing messages on an account statement or ABM statement, posting messages on a transactional site or webpage, or directly communicating to me any information on its products and services.

#### **Retention, access and correction**

The Bank and the Professional or Merchant will keep my personal information for as long as needed, as permitted or required by law, even if I no longer do business with them. I acknowledge that I can also have access to my personal information and have it corrected, if needed, by sending a request to this effect, either to my branch or by email to [confidentiality@nbc.ca](mailto:confidentiality@nbc.ca), or by calling the Professional or Merchant. In addition, I will promptly advise the Bank and the Professional or Merchant promptly of any changes related to my personal information. The Bank and the Professional or Merchant are authorized to act on the basis of the information they have pertaining to me until such time as they are notified of a change to said information. If I fail to advise them of such changes, I cannot hold them liable for any damages I may incur as a result of inaccurate information pertaining to me they have, use and disclose.

#### **Disclosure of the cost of borrowing in the case of more than one applicant**

##### **1. General terms and conditions**

###### **Option 1. Separate disclosure**

If Option 1 is selected, each of the applicants will receive the regulatory information.

**Consequence of separate disclosure** – Even if the applicants reside at the same mailing address, each applicant will receive the documents containing regulatory information under separate cover, including statements of account, if applicable.

**Revocable election** – The applicants may revoke this election at any time such that regulatory information is sent to a single applicant designated for such purpose. However, all the applicants must visit a Bank branch to give their consent to such revocation.

###### **Option 2. Single disclosure**

If Option 2 is selected, only one copy of the regulatory information will be given to one applicant, i.e., the main applicant, using documents made out to all the applicants.

**Consequence of single disclosure** – Only one copy of the documents containing regulatory information will be sent to only one applicant, including statements of account, if applicable.

**Revocable election** – Each of the applicants may revoke this election at any time by calling TELNAT at 1-888-4TELNAT (toll-free) or 514-394-5555 in the Montreal area. When any one applicant exercises his or her right to receive the regulatory information separately, all the applicants will receive such information individually until the end of the loan.

##### **2. Election applicable to renewal**

The election made by the applicants and any revocation of this election will continue to apply to any renewal of the loan agreement. Accordingly, all notices of renewal or non-renewal will only be sent to the main applicant if Option 2 – Single disclosure has been selected.

<sup>1</sup> The subsidiaries and affiliated companies of the Bank are those that offer to the public in Canada deposit and lending services, credit, debit and payment card services as well as trust, custodial, brokerage, insurance and other personal financial services. A list of the main Canadian subsidiaries is available at [www.nbc.ca](http://www.nbc.ca) and in branches.