

Consumer Financing, TRANSIT 0525-1, Fax: 1-888-663-1578  
1100 University, Ground Floor, Montreal, Quebec H3B 2G7

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

**SECTION 1**

**Reserved for Other Products and Dental Care** To be completed by the Professional or Merchant (Mandatory)

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

AMOUNT REQUESTED \$	TERM	RATE SUBJECT TO CHANGE			PROMOTION (if applicable)	Length of promotion:
FIXED RATE	VARIABLE RATE	Rate	Period	Term	Tick the type of promotion <input type="checkbox"/> Interest-free period or <input type="checkbox"/> Rate rebate of %	

Frequency of payments:  Weekly\*  Every two weeks\*  Monthly\*  
\* If the type of financing allows it.

**Reserved for Motorized Products** To be completed by the Merchant (Mandatory)

TYPE OF PRODUCT	SALES PRICE	\$	MERCHANT	
MAKE/YEAR	LESS CASH DOWN PAYMENT	\$	RATE AND TERM	
MODEL	LESS TRADE-IN ALLOWANCE	\$	DEPRECIATION	
	PLUS AMOUNT OWING ON TRADE IN	\$	AMOUNT TO BE FINANCED	\$

Frequency of payments:  Weekly\*  Every two weeks\*  Monthly\*  
\* If the type of financing allows it.

**SECTION 2** To be completed by the Professional or Merchant (Mandatory)

**MAIN APPLICANT**

<input type="checkbox"/> MS. <input type="checkbox"/> MR.	Last name and First name	Date of birth (YYYY MM DD)	S.I.N. (Optional)	<input type="checkbox"/> Tick if non-resident
Telephone No. (home)		Telephone No. (work)		

**VERIFICATION OF IDENTITY OF MAIN APPLICANT**

<b>1. Category A identity document (compulsory)</b> <input type="checkbox"/> Driver's licence <input type="checkbox"/> Passport: <input type="checkbox"/> Provincial health insurance card (if permitted by law) <input type="checkbox"/> Other:	No. of identity document	Expiry date of identity document (YYYY MM DD)	Place of issue
<b>2. Identity document - Category A or B</b> <input type="checkbox"/> Driver's licence <input type="checkbox"/> Passport: <input type="checkbox"/> Provincial health insurance card (if permitted by law) <input type="checkbox"/> Other:	No. of identity document	Expiry date of identity document (YYYY MM DD)	Place of issue

**SECTION 3** To be completed by the Broker (Mandatory)

<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	Since	Address (No., Street)	(City)	(Province)	(Postal Code)
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If at this address for less than 2 years, provide previous address and length of time there:

Name of employer (if self-employed, specify type of work)	Complete address of employer		
Type of employment <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Part-time	Occupation	No. of years	Gross annual income \$
If less than 2 years with current employer, indicate previous employer, occupation and duration:		If other annual income, indicate type \$	

**SECTION 4** To be completed by the Professional or Merchant (Mandatory)

**CO-APPLICANT**

<input type="checkbox"/> MS. <input type="checkbox"/> MR.	Last name and First name	Date of birth (YYYY MM DD)	S.I.N. (Optional)	<input type="checkbox"/> Tick if non-resident
Telephone No. (home)		Telephone No. (work)		

**VERIFICATION OF IDENTITY OF CO-APPLICANT**

<b>1. Category A identity document (compulsory)</b> <input type="checkbox"/> Driver's licence <input type="checkbox"/> Passport: <input type="checkbox"/> Provincial health insurance card (if permitted by law) <input type="checkbox"/> Other:	No. of identity document	Expiry date of identity document (YYYY MM DD)	Place of issue
<b>2. Identity document - Category A or B</b> <input type="checkbox"/> Driver's licence <input type="checkbox"/> Passport: <input type="checkbox"/> Provincial health insurance card (if permitted by law) <input type="checkbox"/> Other:	No. of identity document	Expiry date of identity document (YYYY MM DD)	Place of issue

**SECTION 5** To be completed by the Broker (Mandatory)

<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	Since	Address (No., Street) <input type="checkbox"/> Tick if same address as main applicant	(City)	(Province)	(Postal Code)
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If at this address for less than 2 years, provide previous address and length of time there:

Name of employer (if self-employed, specify type of work)	Complete address of employer		
Type of employment <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Part-time	Occupation	No. of years	Gross annual income \$
If less than 2 years with current employer, indicate previous employer, occupation and duration:		If other annual income, indicate type \$	

SECTION 6 To be completed by the Broker (Mandatory)					
BALANCE SHEET	ASSETS	VALUE	LIABILITIES	BALANCE	MONTHLY PAYMENTS
MAIN RESIDENCE (Type):		MORTGAGE HOLDER (Name):		\$	\$
MAIN RESIDENCE (Municipal assessment):		\$	CREDIT CARDS	\$	\$
CAR (year, make, model):		\$	LINE OF CREDIT	\$	\$
SAVINGS, GICs ETC.		\$	OTHER LOANS	\$	\$
OTHER ASSETS		\$	MONTHLY RENT/CONDO FEES (IF APPLICABLE)	\$	\$
<b>TOTAL</b>		\$	<b>TOTAL</b>	\$	\$

**SECTION 7** To be completed by the Broker (Mandatory)

**IDENTIFICATION OF THIRD PARTY**

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

MS. Last name and First name / Company name / Incorporation No. (or registration No.) and place of issue of certificate of incorporation, if applicable  
 MR.

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

Occupation / Nature of business Relationship to the Applicant/Co-Applicant Date of birth of third party (YYYY MM DD)

**SECTION 8** To be completed by the Professional or Merchant (Mandatory)

**AUTHORIZATION AND CONSENT**

**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 the Bank's sole discretion. I certify that all the information provided is accurate and that I do not have any other creditors than those declared. I acknowledge that this information may influence the Bank's credit decision. I further acknowledge that the Bank may, at any time, cancel any loan that it may have granted me, should the information prove to be inaccurate.

**GENERAL TERMS AND CONDITIONS** I acknowledge that I have read the General Terms and Conditions listed after the signatures and agree to comply with them.

**CONSENTS REGARDING PERSONAL INFORMATION** I acknowledge that, by signing this application, I also give consent and authorization with respect to my personal information, effective immediately and for the duration of my business relationship with the Bank and the Professional or Merchant, as applicable. I further acknowledge that I have been informed of my rights to restrict the collection, use and disclosure of such information. If personal information has been provided concerning the person who will benefit from the product or service to be financed, I confirm that said person authorizes me (in writing, if aged 16 or older) to provide such information and to consent to the collection, use and disclosure of personal information in accordance with the provisions hereof. **Moreover, I specifically acknowledge that the Bank may, from time to time, obtain report regarding my creditworthiness from information and credit evaluation agencies, and that I was duly informed of this.**

**I also consent to sections 3, 5, 6, 7 and 8 being completed during a telephone call from a Broker and to information being disclosed to the Broker in accordance with the General Terms and Conditions.**

**AUTHORIZATION OF PRE-AUTHORIZED DEBITS** I authorize the National Bank of Canada (the « Bank ») to debit from the account indicated below the amount necessary to cover periodic payments as they become due and administration fees pertaining to my Loan which will be used for personal purposes. **I waive my right to receive a notice indicating the amount to be debited from the account indicated below and the date(s) of the debit(s), 10 days prior to the day of the first debit.**

**I ATTACH A VOID CHEQUE.**

\_\_\_\_\_ Name of the institution \_\_\_\_\_ Account No. \_\_\_\_\_ Transit

This authorization may be revoked at any time subject to a 30 day prior written notice. To obtain a sample cancellation form, or for more information on my right to cancel this authorization, I may (i) contact the Bank by phone 514-394-5555 (Montreal) / 1-888-483-5628 (elsewhere) or by email at telnat@nbc.ca, (ii) visit my branch or (iii) visit www.cdnpay.ca.

Certain recourse rights are available if a debit does not comply with this authorization. For example, any debit that is not authorized or is not consistent with this authorization may be reimbursed. For more information on recourse rights, I may contact the Bank as described above or visit www.cdnpay.ca.

**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 Single disclosure**  **OR**  **Option 2 Separate disclosure** (tick if applicable)

If Option 2 is not ticked, each of the Applicant requests that the Bank send one copy of the regulatory information to only one Applicant, i.e., the main Applicant. Each of the Applicants wishes to receive the regulatory information.

**SIGNATURE(S)**

\_\_\_\_\_ Main Applicant \_\_\_\_\_ Co-Applicant (if any) \_\_\_\_\_ Date (YYYY MM DD)

**BY SIGNING, THE PROFESSIONAL OR MERCHANT 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 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 VERBALLY FROM THE APPLICANT AND CO-APPLICANT, IF APPLICABLE.**

\_\_\_\_\_ Mandatory Signature of the Professional or Merchant or the Professional's or Merchant's duly authorized representative \_\_\_\_\_ Name of Professional or Merchant \_\_\_\_\_ Date (YYYY MM DD)

\_\_\_\_\_ Address of Professional \_\_\_\_\_ Telephone No. \_\_\_\_\_ Fax No.

\_\_\_\_\_ Mandatory Signature of the Broker or the Broker's duly authorized representative \_\_\_\_\_ Name of duly authorized Broker \_\_\_\_\_ Date (YYYY MM DD)

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## GENERALES TERMS AND CONDITIONS

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

**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 of signature of this application. 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.

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### COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

For the purposes of this section, the term “**Bank**” designates National Bank of Canada, its successors and assigns.

The term “**I**” designates individually and collectively each of the individuals who have applied for the credit product and the person who will benefit from the product or service to be financed, if applicable. The terms “**Professional**” or “**Merchant**” designates the health professional or the Merchant, as well as the Professional's or Merchant's successors and assigns, who wishes to make a financing program available to their clients or customers, as applicable, for the purpose of purchasing products or services. The term “**Broker**” designates a financing intermediary and the financing intermediary's successors and assigns.

**Collection**  
The Bank, the Professional or Merchant, and the Broker collect information of a personal nature in order to offer me the regular financial services related to the granting of credit products and related insurance products (where legislation permits), by any technological, electronic or phone 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, the Professional or Merchant, and the Broker.

I agree to provide the Bank, the Professional or Merchant, and the Broker with the necessary information about me for the purposes mentioned in the previous paragraph, and I authorize the Bank and the Broker to obtain personal information about me from any person likely to have it (credit reporting and assessment agencies, financial institutions, registry offices, employers, professionals and individuals given as reference). **I also authorize the Bank, the Professional or Merchant, and the Broker to exchange personal information about me, specifically with regard to credit approval, for the purposes mentioned herein.**

#### Use and disclosure

- The personal information obtained by the Bank, the Professional or Merchant, and the Broker, and required in order to provide me with the products and services requested, may be used and disclosed for the following purposes:
  - To determine my financial situation and my eligibility for the various products and services requested and to check the authenticity of the information provided;
  - To provide me, on an ongoing basis, with the various financial products and services requested and to enable the Bank to manage its activities, including for statistical purposes, or to measure client service quality and, for that purpose, the Bank may, from time to time, monitor and/or record its telephone conversations held with me;
  - To convey said information to any person working for and with the Bank, including its suppliers and agents, to the extent necessary in order to provide me with the requested products and services requested, and particularly for the purpose of processing and storing data as well as for collection purposes and for the monitoring transactions in order to protect me and the Bank against errors and fraud;
  - To enable the Bank to comply with the applicable legislation, particularly the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*, which requires that I be properly identified;
  - To make it easier to identify me, to distinguish me from the Bank's other clients and to the credit reporting agencies, financial institutions, registry offices, securities regulators, employers, professionals and individuals given as references. I authorize the Bank, the Professional or Merchant, and the Broker to use my Social Insurance Number for these specific purposes, unless I declined to disclose it when completing the application form;
  - To disclose it to persons having an interest in the event of a sale, an assignment or any other form of transfer of the activities of the Bank, the Professional or Merchant, or the Broker; and
  - To convey my credit file to credit reporting agencies, credit product insurers and other lenders in order to preserve the integrity of the credit granting process, as applicable.
- Some of my personal information, such as my name, address, telephone number and other information of a financial nature, may also be used and disclosed by the Bank for the following purposes:
  - To offer me other products and services offered by the Bank, its subsidiaries and affiliated companies<sup>1</sup>. Such information may also be added to the client list drawn up and used by the Bank for this purpose; and
  - To enable the Bank to disclose such information to its subsidiaries and affiliated companies (where legislation permits) so they can offer me their products and services.

I expressly authorize the Bank, the Professional or Merchant, and the Broker, where applicable, 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 the information for the purposes mentioned in paragraph 2, subject to reasonable notice. I must then notify the Bank by telephone at **1-888-4TELNAT** (toll-free) or 514-394-5555 (Montreal) or e-mail to **telnat@nbc.ca**, or by going to any branch of the Bank. The product or service requested may not be refused solely because I withhold my consent for the information to be used for these purposes. In any event, I may be informed of the consequences of my refusal to allow the information about me to be used or disclosed, particularly the fact that I will no longer receive information about products and services that may be of interest to me.

I authorize the Bank to keep the information collected for the purposes stated in paragraph 1 for as long as needed, even if I no longer do business with the Bank. I acknowledge that I can also have access to my personal information and correct it, if necessary, by contacting the Bank by telephone at the numbers indicated above. Furthermore, I will advise the Bank promptly of any changes related to my personal information so that it may update its files. I authorize the Bank to act on any information it holds pertaining to me, until the Bank is advised of any change to said information. I indemnify and hold the Bank harmless against any recourse and liability if I omit to notify it such changes.

I understand that I may obtain further information concerning the Bank's policies on the protection of privacy by reading the relevant policies available on its website at **www.nbc.ca** and through the Bank's branches.

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

#### 1. General terms and conditions

##### Option 1. Single disclosure

If Option 1 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.

##### Option 2. Separate disclosure

If Option 2 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 National Bank branch to give their consent to such revocation.

#### 2. Choice 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 nonrenewal will only be sent to the main Applicant if Option 1 – Single disclosure has been selected.

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<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, particularly National Bank Trust Inc. and Altamira Financial Services Ltd, some of which may be subject to specific legislation. A list of the main Canadian subsidiaries can be obtained at any one of the Bank's branches.