

This form is to be used to record information about **the person authorized through a Power of Attorney to act on behalf of a Scotiabank customer.**

NAME OF THE SCOTIABANK CUSTOMER (Grantor of the Power of Attorney): _____ **DATE:** _____

FULL NAME: _____

ATTORNEY:

TITLE:	SUFFIX:	FULL NAME:	DATE OF BIRTH:
ADDRESS:			CITY:
PROVINCE/STATE:	COUNTRY:	POSTAL CODE:	PHONE NUMBER:
OCCUPATION: <i>(NOTE: Be specific- general description such as Consultant, Self-employed. Professional or Executive are not sufficient)</i>			

Identification - Government issued photo ID

NAME _____

I.D. TYPE:	I.D. NUMBER:	ISSUING JURISDICTION	ISSUING COUNTRY:	EXPIRY DATE:
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Does the Attorney have a Scotiabank Account? Yes No

If yes, record: Account Number: _____

Signature of Attorney: _____

CERTIFICATE REGARDING POWER OF ATTORNEY CONDITIONS

(to be completed by solicitor or notary acting for or on behalf of the Bank)

I, _____, a _____

(Name) (Position at law firm)

with _____

(Name of law firm)

located at _____, do hereby certify the following:

(Complete address of law firm)

1. **Identity:** The signature appearing above is the signature of the individual named as Attorney in this form and was subscribed to this form in my presence. I personally ascertained the identity of this individual by examining the individual's original identification as recorded in this form. I have confirmed that the identity of the grantor of the Power of Attorney was verified when the Power of Attorney was granted.
2. **Bank Consent:** The prior written consent of the Bank was provided to the use of a power of attorney on behalf of the Grantor of the Power of Attorney named above (the "Power of Attorney").
3. **Enforceability:** The Power of Attorney is enforceable and does not negatively impact the Bank's remedies in the event of default under the mortgage signed by the Attorney pursuant to the Power of Attorney. The Power of Attorney has been registered in the applicable government and/or land registry if required under applicable law.
4. **Third Party Determination:** I have asked the Attorney "Is this loan or credit facility being taken for the benefit of someone other than the Borrower?" and the Attorney's response was: Yes No
5. **Documents:** Enclosed with this form are the following documents:
 - a. Photocopy of the identification Government - Issued photo of the Attorney listed in this form; and
 - b. True copy of the Power of Attorney and a copy of the registered Power of Attorney (if applicable).

DATED this _____ day of _____, 20_____.

Signature of individual named in this certificate:

_____ Name _____ Signature

COMPLETION OF THE FORM

The following contains a brief explanation and instructions for completion of the form.

Requirements to Verify Signatories

The Government of Canada has passed into law the Proceeds of Crime (Money Laundering) and Terrorist Financing Act. The purpose of the Act is to prevent the use of Canadian Financial Institutions by individuals to launder their criminal proceeds. The verification of identity is to be performed by an officer of the Bank, or an agent acting on behalf of the Bank, and kept by the Bank as a business record. Identity is verified by having each individual produce one piece of Government - issued photo identification which the bank officer or agent will then record and use to verify the individual's identity, and which will be kept on file by the Bank. For the purpose of verifying identity the following have been designated as appropriate forms of identification.

Acceptable Identification

Single Process Method - Government-issued photo identification

Current and original photo identification issued by a federal, provincial or territorial government can be used to ascertain identity. You must view the original document while in the presence of the individual to compare the individual with their photo.

The photo identification document must:

- indicate the individual's name
- have a photo of the individual
- have a unique identifier number
- be unexpired
- include a signature

Examples of acceptable photo identification

Type of card or document

Passport
Citizenship card (issued prior to 2012)
Permanent resident card
Secure Certificate of Indian Status
Canadian Forces Card
Foreign Passport
NEXUS Card

Issuing jurisdiction

Canada
Canada
Canada
Canada
Canada
Federal Government/Department of State
United States of America

Driver's licenses

Canadian Driver's License
American Driver's License
DND 404 Driver's License

Canada – Province/Territory
United States of America - State
Canada - The Department of National Defense

Provincial services cards

British Columbia Services Card
Provincial Health Card (BC & Quebec only)

British Columbia

Provincial or territorial identity cards

British Columbia Enhanced ID
Alberta Photo Identification Card
Saskatchewan Non-driver photo ID
Manitoba Enhanced Identification Card
Ontario Photo Card
New Brunswick Photo ID Card
Nova Scotia Identification Card
Prince Edward Island Voluntary ID
Newfoundland and Labrador Photo Identification Card
Yukon General Identification Card
Northwest Territories General Identification Card
Nunavut General Identification Card

British Columbia
Alberta
Saskatchewan
Manitoba
Ontario
New Brunswick
Nova Scotia
Prince Edward Island
Newfoundland and Labrador
Yukon
Northwest Territories
Nunavut

Note: You cannot use a provincial health card for identification purposes where it is prohibited by provincial legislation (i.e. Ont, Man, PEI, NS).

Identification must be original (no copies), current, and valid in order to be accepted.

This form has been designed to facilitate the collection and recoding of appropriate identification from signatories. This form is designed to be completed by a solicitor or licensed notary. There are designated spaces for recording of the I.D., Birth Date and signatures.

We at The bank of Nova Scotia seek your assistance in our efforts to comply with the record keeping requirements designed to combat laundering. Please complete the form (page 1) and return to the Bank of Nova Scotia with all other documents. Implementation of services is dependent upon completion of this form.