

	TIME:	DATE:
TO:	FAX NO:	
ADDRESS:	PHONE NO:	
FROM:	FAX NO:	
ADDRESS:	PHONE NO:	
Payment Type: Electronic Funds Transfer (EFT) or Electronic Data Interchange (EDI) Payment (Originating from Canada)		
Beneficiary Name (30 Character Maximum)		
Receiving Bank Name:	The Bank of Nova Scotia	
Bank Address:	44 King Street West Toronto, Ontario, Canada M5H 1H1	
Institution Code:	002	
Account Number (12 digits):		

THE BANK OF NOVA SCOTIA - NOTICE OF CONFIDENTIALITY

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REMARKS:

Consent for Electronic Disclosure: This is to confirm your request and consent for the enclosed information, documents and/or notices to be provided to you at the designated fax number indicated above in this electronic format only. We recommend that you keep a copy of this fax document for your records.