

Branch/Unit:

Date:

To: The Credit Bureau

Re: Disclosure of my Credit Information

I, _____ of _____ in the parish of _____
_____ with Tax Registration Number (TRN) _____ hereby consent:

- a. To the disclosure to Sagicor Bank Jamaica Limited (hereinafter called "Sagicor Bank"), such credit information which one or more credit bureaus duly licensed under the Credit Reporting Act ("the Credit Bureau") may have in regard to me.
- b. To Sagicor Bank providing this signed consent form to the Credit Bureau by electronic means.
- c. To the Credit Bureau providing the said credit information to Sagicor Bank by electronic means.

I understand and agree that my consent which is hereby given:

- i. shall subsist for the duration of my application for this or any future credit facility that I may have or apply for with Sagicor Bank and for so long as this credit facility or such future credit facility shall subsist;
- ii. shall remain valid and binding until it is expressly revoked by me and Sagicor Bank is advised in writing;
- iii. cannot be revoked during the subsistence of any credit facility that I may have with Sagicor Bank but only upon or after the termination of such facility;
- iv. will be applicable to all applications that I may make to obtain a credit facility from Sagicor Bank where I am involved in that application either as the borrower or surety/guarantor and also for the purpose of facilitating risk assessment for granting further extension of credit by me in relation to any credit facility currently existing or which may come into existence in the future.

Declaration

I hereby sign this Consent of Natural Person of my own free will and volition the same having been read by/ to me and fully understood on this _____ day of _____.

Account Holder's Signature

Date (dd/mm/yyyy)

Witnessed by (Name in block letters)

Signature of Witness

Address

Occupation

*Signature may be witnessed by an authorised representative of Sagicor Bank Jamaica Limited, a Bank Manager, an Attorney-at-Law, Justice of the Peace, or Medical Doctor and/or by verification methods consistent with the Electronic Transactions Act.

Notification pursuant to Clause 8 (10) (b) of the Credit Reporting Act

Further to your expressed intention to make a credit application to Sagicor Bank Jamaica Limited, and the execution of the above Consent Form for the disclosure of credit information, the purpose of this notification is to advise you that Sagicor Bank may disclose credit information about its clients to a credit bureau.

Receipt of this Notification is hereby acknowledged by me.

Account Holder's Signature

Date (dd/mm/yyyy)