



CREDIT REPORT CONSENT FORM

Dated _____, 20_____

To: TO WHOM IT MAY CONCERN

Re: Disclosure of my Credit Information

I _____ of _____ in the parish of _____ with Tax Registration Number _____ hereby consent:

- a. to the disclosure to JN Bank Limited such credit information which **CRIF NM Assure Limited, Creditinfo Jamaica Limited and/or** any other Credit Bureau, duly licensed under the Credit Reporting Act (“the Credit Bureau”) may have in regard to me;
- b. to JN Bank Limited advising the Credit Bureau of my consent and/or providing evidence of the said consent by electronic or any other means necessary;
- c. to the Credit Bureau providing the said credit information to JN Bank Limited by electronic or any other means necessary. 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 JN Bank Limited and for so long as this credit facility or such future credit facility shall subsist;
 - ii. cannot be revoked during the subsistence of any credit facility that I may have with JN Bank Limited but only upon or after the termination of such facility; and
 - iii. will be applicable to all applications that I may make to obtain a credit facility from JN Bank Limited 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 JN Bank Limited in relation to any credit facility currently existing or which may come into existence in the future.

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.

Name of Consumer

Signature of Consumer

Date

Name of Witness

Signature of Witness

Date

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

Name of Director

Signature of Director

Date

Name of Director/ Company Secretary

Signature of Director/ Company Secretary

Date

CERTIFICATION

(This section must be completed only by person certifying the Certificate)

I hereby certify that the signature of Mr./Mrs./Miss _____ was affixed above in my presence.

TO BE SIGNED by a Authorised Officer/ Broker of JN Bank Limited, Bank Manager, Attorney-at-Law, Justice of the Peace

}Name: _____

}Address: _____

}Position: _____

}Occupation: _____

}Signature: _____

}Date: _____

(OFFICIAL STAMP/SEAL)