

The Insurance Employees Co-op credit union 27 Parkington Plaza Kingston 10 Kingston: Tel: 906-5362-4 or 920-7447

Mobay: tel: 979-6516 www.ieccu.com

PERSONAL CONSENT FORM Dated,20..... To: CREDITINFO JAMAICA LIMITED **Disclosure of my Credit Information:** Re: Loan Contract No. I...... of in the parish of with Tax Registration Number hereby consent: to the disclosure to IECCU of such credit information which Creditinfo Jamaica Limited duly licensed under the Credit Reporting Act ("the Credit Bureau") may have regarding me; to IECCU providing this signed consent form to the Credit Bureau by electronic means; to the Credit Bureau providing the said credit information to IECCU by electronic means. I understand and agree that my consent which is hereby given: shall subsist for the duration of my application for this or any future credit facility that I may have or apply for with IECCU and for so long as this credit facility or such future credit facility shall subsist; shall remain valid and binding until it is expressly revoked by me; cannot be revoked during the subsistence of any credit facility that I may have with IECCU but only upon or after the termination of such facility; will be applicable to all applications that I may make to obtain a credit facility from IECCU 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 IECCU 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

Signature of Witness

Name of Witness*

^{*}Signature may be witnessed by either a person employed to **IECCU** and holding a managerial position, an Attorney-at-Law, Justice of the Peace and/or by verification methods consistent with the Electronic Transactions Act.