

DISCLOSURE AGREEMENT

TO: National Commercial Bank of Anguilla Ltd
P.O. Box 44
The Valley
Anguilla

I, the undersigned, expressly and irrevocably authorize the National Commercial Bank of Anguilla Ltd (“the Bank” or “NCBA”) to obtain information required relative to this application, including but not limited to, confidential information as defined in accordance with “The Confidential Relationships Act R.S.A.c. R55”, from the following to verify my creditworthiness:

- Financial Institutions (including but not limited to Banks, Credit Unions),
- Credit Bureaus or Entities of equivalent purpose,
- Receivership (Caribbean Commercial Bank Anguilla Ltd and National Bank of Anguilla Ltd), and
- Any other sources deemed necessary, regionally or internationally

This disclosure shall also serve as my expressed and irrevocable authority for the above-mentioned sources to provide you, the Bank, with such information.

This authorization relates to the application presently being considered and terminates either if the loan is not approved or at payout of this loan if approved.

I acknowledge that the Bank may be obliged to disclose information related to this application, the account holder and/or their related parties, including transaction activity, to its Regulators, Competent Authorities, Law Enforcement Authorities, other Financial Institutions and/or Credit Bureaus or Entities of equivalent purpose, if requested.

I authorize do not authorize the Bank to use/process¹ my personal information for prospecting me regarding other NCBA products and/or services. I understand that I can request that the Bank terminate its processing of my personal information where it does not conflict with the Bank’s regulatory requirements.

Customer Name (print)

Address (Line 1)

Address (Line 2)

Date of Birth

Signature

Date

FOR BANK COMPLETION
_____ Signature (Witness)
_____ Name (Witness)
_____ Date

¹Processing includes the collection, recording, organization, structuring, storage, adaptation or alteration, retrieval, consultation, use, disclosure by transmission, dissemination or otherwise making available, alignment or combination, restriction, erasure or destruction of personal data.

I hereby certify that the above named person appeared before me on the ____ day of _____ 20____

And being identified by passport number _____.

I further acknowledge the above signatures to be his / hers and that he / she had freely and voluntarily executed this document and understood its contents.

NOTARY PUBLIC OR PUBLIC OFFICER SIGNATURE

NOTARY PUBLIC OR PUBLIC OFFICER NAME

NOTE:

1. Forms are to be signed by authorized persons only.
2. A letter of collation is required for all documents/forms not signed in the presence of an NCBA bank officer and must be legally certified copies.
3. Where this is the only document being certified or notarized, please use the space provided.
4. The certifier or notary public must provide his/her full name, position or capacity, business or residential address and telephone number or email address.