



## PERSONAL CONSENT FORM

DATED \_\_\_\_\_, 20\_\_\_\_

**TO: CREDITINFO JAMAICA LIMITED**

**RE: DISCLOSURE OF MY CREDIT INFORMATION**

I, \_\_\_\_\_ of \_\_\_\_\_ in the  
parish of \_\_\_\_\_ with Tax Registration Number (TRN) \_\_\_\_\_

hereby consent:

- a. To the disclosure to **TIP Friendly Society** this signed consent form to the Credit Bureau by electronic means;
- b. To **TIP Friendly Society** providing this signed consent form to the Credit Bureau by electronic means;
- c. To the Credit Bureau providing the said credit information to **TIP Friendly Society** 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 **TIP Friendly Society** 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;
  - III. Cannot be revoked during the subsistence of any credit facility that I may have with **TIP Friendly Society** 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 TIP Friendly Society which I am involved in that application either as the borrower or surety/guarantor and also for the purpose of facilitation risk assessment for granting further extension of credit by **TIP Friendly Society** 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 Member

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Signature of Witness

I, \_\_\_\_\_ hereby authorize **TIP Friendly Society** to deduct the sum of One Thousand Five Hundred Dollars (\$1,500.00) from my TIP account to conduct credit checks associated with the processing of my **TIP Lifeline** application. I understand that if sufficient funds are not in my account, I will have to pay the funds to TIP before my application can be processed.

\_\_\_\_\_  
Name of Member

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date