



CREDIT REPORT CONSENT FORM

Disclosure of my Credit Information

I, _____ of _____
Name of Beneficiary/Applicant **Address**

in the parish of _____ hereby consent:

1. To the disclosure to the NATIONAL HOUSING TRUST such credit information which any other Credit Bureau, duly licensed under the Credit Reporting Act 2010 ("the Credit Bureau") may have in regard to me;
2. To the NATIONAL HOUSING TRUST advising the Credit Bureau of my consent and/or providing evidence of the said consent by electronic or any other means necessary;
3. To the Credit Bureau providing the said credit information to the NATIONAL HOUSING TRUST by electronic or any other means necessary. I understand and agree that my consent which is hereby given:
 - a) shall subsist for the duration of my application for this or any future credit facility that I may have or apply for with the NATIONAL HOUSING TRUST and for so long as this credit facility or such future credit facility shall subsist;
 - b) cannot be revoked during the subsistence of any credit facility that I may have with the NATIONAL HOUSING TRUST but only upon or after the termination of such facility;
 - c) will be applicable to all applications that I may make to obtain a credit facility from the NATIONAL HOUSING TRUST and also for the purpose of facilitating risk assessment for granting further extension of credit or for the evaluation for any forbearance or portfolio assessment by the NATIONAL HOUSING TRUST in relation to any credit facility currently existing or which may come into existence in the future;
 - d) the NATIONAL HOUSING TRUST may disclose my credit information to one or more credit bureau(s).

I, _____ hereby declare that I have signed this Consent Form of my own free
Name of Beneficiary/Applicant

will and volition the same having been read by/to me and fully understood.

Name of Beneficiary/Applicant

Signature of Beneficiary/Applicant

DD MM YYYY

Date of Birth

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Beneficiary's/Applicant's TRN

DD MM YYYY

Name of Witness

Signature of Witness

Date

To be witnessed by an authorized Representative of the CIP, a Bank Manager, Medical Doctor, Attorney-at-Law or Justice of the Peace.