

DISCLOSURE AGREEMENT

**TO: THE DEVELOPMENT BANK OF ST KITTS AND NEVIS
P O BOX 249
CHURCH STREET
BASSETERRE
ST KITTS**

I, the undersigned expressly and irrevocably authorize you to obtain from the persons, firms or companies names below, any information which may require relative to this application including, but not limited to, confidential information within the meaning of the Confidential Relationships Acts 1985. This document shall also serve as my express irrevocably authority for the persons, firms or companies to provide you with such information.

NAME

ADDRESS

SIGNATURE

DATE

NAME

ADDRESS

SIGNATURE

DATE

