



**THE BANK OF NEVIS LTD**

Telephone: (869) 469-5564

Email: [bon@sisterisles.kn](mailto:bon@sisterisles.kn)

Fax: (869) 469-1492

**DISCLOSURE AGREEMENT**

TO: THE BANK OF NEVIS LTD  
P. O. BOX 450  
MAIN STREET  
CHARLESTOWN  
NEVIS

I, the undersigned expressly and irrevocably authorise you to obtain from any persons, firms, companies, Banks or employers any information which may require relative to this application including, but limited to, confidential information within the meaning of the Confidential Relationship Act, 1985. This document shall also serve as my express and irrevocable authority for the said persons, firms, companies, Banks and Employers to provide you with such information.

This authorization is a continuing authority given to the Bank by the undersigned.

NAME:.....

ADDRESS:.....

DATE:.....

SIGNATURE:.....

NAME:.....

ADDRESS:.....

DATE:.....

SIGNATURE:.....