

## Consumer Declaration of Identity Form

**Return To:** National Funding by emailing [info@nationalfunding.com](mailto:info@nationalfunding.com)

To: National Funding

From: \_\_\_\_\_ ("Consumer")

In connection with the Consumer Rights Request Form and/or the Right to Opt-Out of Sale/Share of Personal Information Request Form (the "Request") delivered to National Funding pursuant to applicable privacy laws, Consumer hereby swears and certifies to National Funding that:

1. Consumer's full legal name (first, middle, last) is:

\_\_\_\_\_

2. Consumer resides at (street address):

\_\_\_\_\_

At \_\_\_\_\_ (town/city)

in the State of \_\_\_\_\_.

3. Consumer has submitted the Request for Consumer's own personal information and not for personal information of another consumer.
4. All information Consumer submits to National Funding in connection with the Request shall be true and correct in all respects.

Consumer recognizes any false statement or other misrepresentation made in this Declaration of Identity may subject them to civil and criminal penalties. Consumer shall indemnify and hold harmless National Funding, its affiliates, and subsidiaries and each of their respective officers, directors, managers, members, employees, and agents from any and all liability arising out of any fraudulent statements by Consumer contained in this Declaration of Identity.

Consumer hereby swears under the penalty of perjury that the facts referred to in this declaration are true, complete, and correct:

Consumer Printed Name: \_\_\_\_\_

Consumer Signature: \_\_\_\_\_

Date: \_\_\_\_\_