REQUEST TO OBTAIN MY CREDIT HISTORY REPORT

NOTE: Two pieces of identification are mandatory. The Credit Bureaus will not process incomplete requests, without further notice

PLEASE PRINT

Name:_____
Last Name First Name Initial Suffix (Sr, Jr, etc)

Current Address:_____
Street Address Apt City Province Postal Code

PRIOR ADDRESS(ES) WITHIN THE LAST 5 YEARS

Previous Address:_____
Street Address Apt City Province Postal Code

Previous Address:_____
Street Address Apt City Province Postal Code

Date of Birth:_____Social Insurance Number _____
Month Day Year (Optional)

Current Employer:_____

The Name and last 4 digits of a major credit card_____

WERE YOU DENIED CREDIT? NO __ YES __ By Which Institution _____
When? _____

- A copy of your personal credit history report will be mailed to you shortly
- If any corrections to your file are necessary, you must complete the request form, included with your credit history report, and return it to the credit bureau that issued the report.
- No corrections will be processed by telephone
- A copy of two (2) pieces of identification, **FRONT and BACK**, must be attached with your request in order to be processed

SIGNATURE **DATE**

EQUIFAX
P.O. Box 190, Station Jean-Talon
Montreal, Quebec H1S 2Z2
Telephone: (1-800-465-7166)
Facsimile: (1-514-355-8502)

TRANS UNION OF CANADA INC
Consumer Relations Center
P.O. Box 338 LCD 1
Hamilton, Ontario L8L 7W2
Telephone: (1-800-663-9980)
Facsimile: (1-905-527-0401)