

INDIVIDUAL CREDIT REPORT DISPUTE FORM

Metropol Credit Reference Bureau Ltd

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INDIVIDUAL'S IDENTIFICATION DETAILS (AS APPEARS IN ON PRIMARY ID DOCUMENT)							
Surname:	Other	Names:					
Date of Birth:		Gender:		Nationality:			
National ID No.:		_Passport No.: _		PIN No.:			
CONTACT DETAILS							
Postal Address:	Postal Code: _		_Town:	Country:			
Home Number(s):			_Work Numb	per(s):			
Mobile Number(s):			_Fax Numbe	r(s):			
Email:							
NATURE OF DISPUTE							

Please ensure you attach certified true copies of documents supporting your dispute.

I hereby certify that the information and documentation provided in response to the questions herein are true, complete and a uthentic.

I understand that the presentation of forged documents or the passing off of any documents issued by a lawful authority to another person as my own, for purposes of obtaining any right or privilege, is a criminal offence.

I confirm that I want my credit report delivered to me through the e-mail/postal address indicated herein and hereby authorize Metropol CRB Ltd to mail/deliver/send my credit report to the e-mail/postal address indicated herein. I release Metropol CRB Ltd and its officers, employees and agents from all claims, actions or proceedings of whatsoever nature and howsoever arising, suffered or incurred in connection with Metropol CRB Ltd sending/delivering/mailing my credit report to the addresses that I have provided herein.

Name:	Date:/		_Signature:
FOR OFFICIAL USE ONLY			
Final control (Company of Dec			Investigation days De
Evaluated/Screened By			Investigation done By
Name:		Name:	
		_	
Designation:		_Designation:	
Signature:		_Signature:	
		_Signature.	
Date:		_Date:	
Remarks:			

