

**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 Number(s): \_\_\_\_\_

Mobile Number(s): \_\_\_\_\_ Fax Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

**Dispute Reason (Tick & Fill Appropriately)**

- |                      |                          |                    |           |             |           |
|----------------------|--------------------------|--------------------|-----------|-------------|-----------|
| Erroneous Name(s)    | <input type="checkbox"/> | Incorrect Name (s) | [ _____ ] |             |           |
| Unknown account(s)   | <input type="checkbox"/> | Unknown Account    | [ _____ ] |             |           |
| Default History      | <input type="checkbox"/> | Account(s) No.     | [ _____ ] | Institution | [ _____ ] |
| Erroneous Balance    | <input type="checkbox"/> | Correct amount     | [ _____ ] | Institution | [ _____ ] |
| Erroneous A/c status | <input type="checkbox"/> | Account No         | [ _____ ] | Institution | [ _____ ] |
| Delayed Update       | <input type="checkbox"/> | Account No.        | [ _____ ] | Institution | [ _____ ] |
| Court Oder           | <input type="checkbox"/> | Suit No.           | [ _____ ] | Account     | [ _____ ] |
| Erroneous Charges    | <input type="checkbox"/> | Account            | [ _____ ] | Institution | [ _____ ] |
| Unknown Directors    | <input type="checkbox"/> | Director(s) Names  | [ _____ ] |             |           |

**Please provide additional information (if any)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Resolution (Tick & Fill Appropriately)**

- Delete erroneous names*
- Delete Erroneous Account*
- Remove default history*
- Update account*
- Delete erroneous Name(s) of the Directors*
- Update account as per the court Order*

**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 authentic.

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/mailling my credit report to the addresses that I have provided herein.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Signature:** \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**Evaluated/Screened By**

**Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Remarks:** \_\_\_\_\_

\_\_\_\_\_



**Investigation done By**

**Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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