

## INDIVIDUAL CREDIT REPORT DISPUTE FORM

## **Metropol Credit Reference Bureau Ltd**

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Tel: +254 (20)2689881,0727413733,
+254 732774666,+254 709834000
creditbureau@metropol.co.ke
www.metropol.co.ke

INDIVIDUAL'S IDEN	NTIFICA	ATION DETAILS (A	S APPEARS IN ON P	RIMARY ID DOCU	MENT	)		
Surname:		Ot	her Names:					
Date of Birth:			Gender:		Nationality:			
National ID No.:			Passport No.:		PIN No	o.:		
CONTACT DETAILS								
Postal Address:Postal Cod		e:Town:		Country:		1		
		Work Number(s):						
		Fax Number(s):						
			Dispute Reason (Tick 8	& Fill Appropriately)				
Erroneous Name		Incorrect Name						1
Unknown account		Incorrect Account						
Default History		Account No.						
Erroneous Balance		Correct amount				Institution		
Erroneous A/c status		Account No				Institution		1
Delayed Update		Account No.				Institution	1	1
Court Order		Suit No.				Account		1
Erroneous Charges		Account				Institution		1
Default History		Account No.			_]	Institution		

Resolution (Tick & Fill Appropriately)							
Delete erroneous names							
Delete Erroneous Account							
Remove default history							
☐ Update account							
Delete erroneous Name							
Please ensure you attach cortified true copies of de	ocumonts sunno	rting your dispute					
Please ensure you attach certified true copies of do							
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/post mail/deliver/send my credit report to the e-mail/postal address indicated here actions or proceedings of whatsoever nature and howsoever arising, suffered report to the addresses that I have provided herein.	ein. I release Metropol C	RB Ltd and its officers, employees and agents from all claims,					
Name: Date:	/ / 5						
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FOR OFFICIAL USE ONLY							
		Investigation done By					
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FOR OFFICIAL USE ONLY Evaluated/Screened By							
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