

**FILL IN THE FORM IN INK & IN BLOCK LETTERS**

**INDIVIDUAL'S IDENTIFICATION DETAILS (AS APPEARS ON PRIMARY ID DOCUMENT)**

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_  
Date of Birth: dd / mm / yyyy Gender: \_\_\_\_\_ Nationality: \_\_\_\_\_  
National ID/ Alien Cert./Passport No.: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**CONTACT DETAILS**

Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Town: \_\_\_\_\_ Country: \_\_\_\_\_  
Mobile Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

**RESIDENTIAL ADDRESS**

Estate: \_\_\_\_\_ Main Street: \_\_\_\_\_ Side Street: \_\_\_\_\_ Town: \_\_\_\_\_

**OCCUPATION (TICK APPROPRIATE)**

Employed:  Self Employed:  Other (Specify):  \_\_\_\_\_  
Employer /Business Name: \_\_\_\_\_  
Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Town: \_\_\_\_\_ Country: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Designation: \_\_\_\_\_ Duration: \_\_\_\_\_

**PRODUCT (TICK APPROPRIATE)**

Credit Report  Certificate of Clearance :

**REASON FOR REQUESTING CREDIT REPORT (TICK APPROPRIATE)**

Personal Interest:  Credit was denied:   
Others:  Please specify: \_\_\_\_\_

I would like to receive my credit reports & any other correspondents via:

Email:  Postal Address:  Collection at our office:

If you wish Metropol CRB to forward your credit report to the institution directly, tick appropriately.

Yes  Name of Institution \_\_\_\_\_  
No

**Please attach a copy of your PIN certificate & National ID/Alien Registration Certificate/ Passport**

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 /COC 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 METROPOL USE ONLY**

**Evaluated/Screened By**

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Credit Report Generated By**

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

