



REQUEST TO OBTAIN MY FREE CREDIT REPORT

PLEASE PRINT

Name:

LAST NAME	FIRST NAME	INITIAL	SUFFIX (Sr., Jr., etc.)
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Current Address:

STREET ADDRESS	APT.	CITY	PROVINCE	POSTAL CODE
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PREVIOUS ADDRESS(ES) (within last 3 years)

STREET ADDRESS	APT.	CITY	PROVINCE	POSTAL CODE
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STREET ADDRESS	APT.	CITY	PROVINCE	POSTAL CODE
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Date of Birth:

MONTH/DAY/YEAR

Social Insurance Number:

(OPTIONAL)

The name and last 4 digits of a major credit card (optional):

- * You must provide copies of 2 pieces of government-issued identification (such as a driver's license, health card, birth certificate or passport). If neither piece of government-issued identification shows your current home address, you must also submit a copy of an additional document that shows your address (such as a recent telephone or utilities bill, or a bank or credit card statement). You may black out transaction details on a bill or statement, as long the copy clearly shows the date of the document, the sender, your name and address, and your account number.
- ** Equifax will use the information you provide to confirm your identity and current home address. We will cross-reference the information you provide with our own records. If any part of your name, date of birth or address in our records is different from the information you provide, we will update our records to reflect the correct information. The information you provide to confirm your identity will not be used to update or change your financial or credit history information.
- If you provide your Social Insurance Number, we will cross-reference it with our records to ensure that we disclose the correct information to you. Knowing your SIN helps us avoid delays and confusion in case another individual's identifying information (such as name and address) is similar to your own.
- We will keep a copy of the information you provide to demonstrate that we complied with our obligation to obtain reasonable identification from you.
- *** We may use the personal information you provide to update our records. The information may also be disclosed to our customers as part of your credit report.
- **** Equifax will send a copy of your credit report by mail to your confirmed home address. You should receive it within 5 to 10 days.
- ***** Please note that if any corrections are necessary, you must complete the credit report update form enclosed with the credit report sent to you. That form - Consumer Credit Report Update Form - can also be found on-line at www.equifax.ca under Credit Education and "How can I correct an inaccuracy in my Equifax report?"

PLEASE SEND YOUR COMPLETED FORM WITH PHOTOCOPIES OF YOUR IDENTIFICATION TO:

Mail: National Consumer Relations;
P. O. Box 190, Station Jean-Talon
Montreal, Quebec H1S 2Z2

Fax: 514-355-8502

SIGNATURE

There is another credit reporting agency in Canada that provides this service.

Trans Union of Canada, P. O. Box 338 L.C.D.I. Hamilton, Ontario L8L 7W2, Telephone: 1-800-663-9980 Telephone: 1-877-713-3393 (for Quebec)

☐ YES, I WOULD ALSO LIKE TO PURCHASE MY EQUIFAX CREDIT SCORE FOR \$11.95 (tax included)

I authorize Equifax to charge \$11.95 to my credit card: ☐ VISA ☐ MasterCard ☐ AMEX

Cardholder Name: _____

Card Number: _____ Expiry Date: _____
MONTH/YEAR

Note: Cheque and cash payments are not accepted. Cardholder's name must be same as requestor's name.

Equifax Credit Score is a product some service providers use when assessing applications for credit and services. It is not part of your credit report, but is based on the particular information in your credit file at the time it is calculated. Equifax Credit Score is not the same as the FICO Score, which is also used by some lenders. Equifax will provide your credit report free of charge, whether or not you purchase



CREDIT BUREAU REQUEST FORM

(If you would like to receive a copy of your credit report with this request, please complete fully and attach photocopies of both sides of 2 pieces of ID)

CONSUMER RELATIONS CENTRE
PO Box 338 LCD1
Hamilton, Ontario L8L 7W2
Tel (905) 525-0262/ (800) 663-9980
www.transunion.ca

You may also request your credit report by phone using our Interactive Voice Response system:
1(800) 663-9980 (Prompt 1)

The information on this form is requested to enable our associates to confirm your identity and access your file as mandated by consumer reporting legislation. If our system does not currently contain a file with the information you provided, your inquiry will result in a file being created or updated accordingly.

PERSONAL INFORMATION

Last Name:		First Name:	
Middle Name:	Date of Birth: (MM/DD/YYYY)	JR/SR	
Social Insurance Number: (Optional)		Home Phone Number: (Optional). No Cell Phones Please	
Referred By (Institution/Company/Website):			

ADDRESS INFORMATION

Present Address:			Apt #:
City:	Province:	Postal Code:	How Long:
Previous Address: (If Present is less than two years)			Apt #:
City:	Province:	Postal Code:	How Long:

EMPLOYMENT INFORMATION (OPTIONAL)

Employer:	How Long:
<i>I understand and consent to the information provided above being used to update my credit file. I understand that my identification will be used for authentication purposes and will be stored electronically.</i>	
<i>I am the person named above and I understand that I could be prosecuted under federal or provincial legislation for obtaining information from a consumer reporting agency by fraudulent means or under false pretences.</i>	
Signature:	Date:

Your request CANNOT be fulfilled without including both sides of 2 pieces of acceptable photocopied ID. Please see attached letter for list of acceptable ID.