MODULE

Equifax Credit Report request form

Activity Sheet 7-6

## **EQUIFAX**<sup>®</sup>

## **REQUEST TO OBTAIN MY FREE CREDIT REPORT**

## Important Information & Instructions:

In order to protect your personal information we will validate your identity before mailing your credit report to your <u>confirmed</u> home address. You must provide a photocopy of the front and back of:

• 2 pieces of government-issued identification (e.g. driver's license, health card, birth certificate, passport etc.)

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- If your address is <u>not</u> up-to-date on either identification, you <u>must also</u> provide an additional document showing your <u>current home address</u> (e.g. telephone or utilities bill or bank statement). We recommend you **blackout** transactional details as we only require the date of the document, the sender, your name, address and your account number.
- If you provide your Social Insurance Number (S.I.N.), we will cross-reference it with our records to ensure that we
  disclose the correct information to you. Knowing your S.I.N. helps us avoid delays and confusion in case another
  individual's identifying information (such as name and address) is similar to your own.

If you provide a credit card statement or copy of your credit card as proof, please ensure to blackout your CVV.
 The information you provide on the form will be used to confirm your identity and may also be used to update your credit report. Such updated information will be stored, safeguarded, used and/or disclosed in the normal course as part of your credit file. For more information about Equifax's privacy practices, please see our Privacy Policy at <a href="http://www.consummr.com/update/stores/beautycourses/beau

http://www.consumer.equifax.ca/privacy. For clarity, in any case, we will keep a copy of the information you provide to demonstrate that we complied with our obligation to obtain reasonable identification from you.

Please send your completed form with proof of identity to: **National Consumer Relations: P.O. Box 190, Station Jean-Talon Montreal Quebec H1S 2Z2** or by fax to: **514-355-8502.** Kindly allow 5-10 days for delivery. If any corrections to your credit report are necessary you must complete the Credit Report Update form enclosed with your package, or visit <u>www.equifax.ca</u> and click on "How to File a Dispute" under Credit Report Assistance.

PLEASE PRINT:	LAST NAME	FIRST NAME, INITIAL		SUFFIX (Sr., Jr., etc.)	
PLEASE PRINT:	CURRENT STREET ADDRESS	APT.	CITY	PROVINCE	POSTAL CODE
PREVIOUS AI	DDRESS(ES) WITHIN LAST	3 YEARS			
PLEASE PRINT:	PREVIOUS STREET ADDRESS	APT.	CITY	PROVINCE	POSTAL CODE
PLEASE PRINT:	E-MAIL Address				
DATE OF BIRTH:	MONTH/DAY/YEAR	S.I.N.: (OPTIONAL)	NAME & LAST	4 DIGITS OF MAJOR CREI	DIT CARD: (OPTIONAL)
DATE OF BIRTH:	MONTH/DAY/YEAR	S.I.N.: (OPTIONAL)	NAME & LAST	4 DIGITS OF MAJOR CREI	DIT CARD: (OPTIONAL)
DATE OF BIRTH: SIGNATURE	MONTH/DAY/YEAR	S.I.N.: (OPTIONAL)	NAME & LAST	4 DIGITS OF MAJOR CREI	DIT CARD: (OPTIONAL)
SIGNATURE	ULD ALSO LIKE TO PURCH ayment to my credit card:	IASE MY EQUIFAX CREDIT	DATE SCORE* FOR \$1 rd	1.95 (tax included) a	
SIGNATURE  YES, IWO charge the particular of the	ULD ALSO LIKE TO PURCH ayment to my credit card: ame:	ASE MY EQUIFAX CREDIT	DATE SCORE* FOR \$1 rd □ AMEX	1.95 (tax included) a	and I authorize Equifax
SIGNATURE  YES, IWO charge the particular of the	ULD ALSO LIKE TO PURCH ayment to my credit card:	ASE MY EQUIFAX CREDIT	DATE SCORE* FOR \$1 rd □ AMEX	1.95 (tax included) a	and I authorize Equifax