

# REQUEST TO OBTAIN MY CREDIT HISTORY REPORT

**NOTE:** Two pieces of identification are mandatory. The Credit Bureaus will not process incomplete requests without further notice.

## PLEASE PRINT

Name: \_\_\_\_\_  
Last Name First Name Initial Suffix (Sr., Jr., etc.)

Current Address: \_\_\_\_\_  
Street Address Apt. City Province Postal Code

### PRIOR ADDRESS(ES) WITHIN THE LAST 5 YEARS

Previous Address: \_\_\_\_\_  
Street Address Apt. City Province Postal Code

Previous Address: \_\_\_\_\_  
Street Address Apt. City Province Postal Code

Date of Birth \_\_\_\_\_ Social Insurance Number \_\_\_\_\_  
Month Day Year Optional

Current Employer \_\_\_\_\_

Name and last 4 digits of a major credit card \_\_\_\_\_

**Were You Denied Credit?** No \_\_\_\_\_ Yes \_\_\_\_\_ **Which Institution?** \_\_\_\_\_  
**When?** \_\_\_\_\_

- ✓ A copy of your personal credit history report will be mailed to you shortly.
- ✓ If any corrections to your file are necessary, you must complete the request form included with your credit history report, and return it to the Credit Bureau that issued the report.
- ✓ No corrections will be processed by telephone.
- ✓ A copy of two (2) pieces of identification, **FRONT and BACK**, must be attached with your request in order to be processed.

\_\_\_\_\_  
Signature Date

EQUIFAX  
P.O. Box 190, Station Jean-Talon  
Montreal, Quebec H1S 2Z2  
Telephone: 1-800-465-7166  
Facsimile: 1-800-465-4430  
www.equifax.com

TRANS UNION OF CANADA INC.  
Consumer Relations Centre  
P.O. Box 338, L.C.D.I.  
Hamilton, Ontario L8L 7W2  
Telephone: 1-800-663-9980  
Facsimile: 1-905-527-0401  
www.transunion.com