

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

Month Day Year

Social Insurance Number

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: 1-514-355-8502
www.consumer.equifax.ca

TRANSUNION OF CANADA INC.
Attn: Consumer Relations
P.O. Box 338, LCD1
Hamilton, Ontario L8L 7W2
Telephone: 1-800-663-9980
Facsimile: 1-800-515-9837
www.transunion.ca