

INDIVIDUAL CREDIT REPORT DISPUTE FORM

Metropol Credit Reference Bureau Ltd

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INDIVIDUAL'S IDENTIFICATION DETAILS (AS APPEARS IN ON PRIMA	RY ID DOCUMENT)

			Gender:				
National ID No.:			Passport No.:		_PIN No.:		
CONTACT DETAIL	LS						
Postal Address:Postal Cod			de:	Town:	Country	/ :	
Home Number(s):			Work Number(s):				
Mobile Number(s):		Fax Number(s):					
Email:							
			Dispute Reason (Tick	2. Fill Appropriatoly)			
roneous Name(s)		Incompat Name (a)					
nknown account(s)		Incorrect Name (s) Unknown Account	_				
fault History		Account(s) No.					
roneous Balance		Correct amount					
roneous A/c status		Account No					
		Account No.					
layed Update			ſ] Account		
		Suit No.					
elayed Update ourt Oder roneous Charges		Suit No. Account					

Resolution (Tick & Fill Appropriately)									
	Delete erroneous	s names							
	Delete Erroneous	s Account							
	Remove default l	history							
	Update account	ilstory							
	•								
	Delete erroneous	S Name(s) of the Di	rectors						
Ш	Update account	as per the court Or	der						
Ple	Please ensure you attach certified true copies of documents supporting your dispute.								
I her	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 ob	otaining any right or	privilege, is a crimina	al offence.						
I confirm that I want my credit report 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/mailing my credit report to the addresses that I have provided herein.									
Name: Date: / / Signature:									
Name									
FOF	R OFFICIAL USE	ONLY							
Eva	luated/Screen	ed By			Investigation done By				
Nar	me:			Name:					
	_								
	signation: _			Designation:					
Sigi	nature: _			Signature:					
Dat	e: _			Date:					
Rer	marks:	_							
		-							

