



CONSUMER RELATIONS CENTRE
 3115 Harvester Road, Suite 201
 Burlington, Ontario
 L7N 3N8

TU Case ID
 Contact Information
 Telephone: 1-800-663-9980
 www.transunion.ca

Authentication Reference

INVESTIGATION REQUEST FORM

Please Note: This form is only to be returned to TransUnion if you wish to dispute information on your credit file.

The following information is gathered to assist in verifying your dispute. Please ensure to supply the required information and complete the authorization on the back of the form.

Consumer's Name " " <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">Last</td> <td style="width: 25%; border: none;">First</td> <td style="width: 25%; border: none;">Middle</td> <td style="width: 25%; border: none;">Jr/Sr</td> </tr> </table>	Last	First	Middle	Jr/Sr	Social Insurance Number (Optional) " " " "
Last	First	Middle	Jr/Sr		
Current Address " " Number & Street " " " " Apartment City Prov/Postal	Previous Address " " " " " " Number & Street " " " " Apartment City Prov/Postal				
Date of Birth (mm/dd/yyyy) " " " "	Would you like your investigation notification Emailed <input type="checkbox"/> or Mailed <input type="checkbox"/> <i>Email Address</i>				
Employment (optional) " " " "	If any of the personal information supplied on this form is not listed in my credit file, I request that it be incorporated into TransUnion's file <div style="text-align: right;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>				
Home Phone (optional) " " " "					
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Signature of Consumer (required)</td> <td style="width: 30%;">Date</td> </tr> </table>		Signature of Consumer (required)	Date		
Signature of Consumer (required)	Date				

IF YOU DISAGREE WITH ACCURACY OR COMPLETENESS OF YOUR INFORMATION, PLEASE NOTE BELOW. USE ADDITIONAL PAPER IF NECESSARY, ENSURING THAT EACH ADDITIONAL PAGE CONTAINS YOUR SIGNATURE.

Company Name:

Company Name:

Account #:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> No Knowledge of this Account | <input type="checkbox"/> Paid in Full |
| <input type="checkbox"/> Included in Bankruptcy | |
| <input type="checkbox"/> Paid Before Collection/Write off | |
| <input type="checkbox"/> Account Not Reporting | |

Other:

Account #:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> No Knowledge of this Account | <input type="checkbox"/> Paid in Full |
| <input type="checkbox"/> Included in Bankruptcy | |
| <input type="checkbox"/> Paid Before Collection/Write off | |
| <input type="checkbox"/> Account Not Reporting | |

Other:

Company Name:

[Blank input field]

Company Name:

[Blank input field]

Account #:

[Blank input field]

Account #:

[Blank input field]

- No Knowledge of this Account
- Included in Bankruptcy
- Paid Before Collection/Write off
- Account Not Reporting
- Paid in Full

Other:

[Blank input field]

- No Knowledge of this Account
- Included in Bankruptcy
- Paid Before Collection/Write off
- Account Not Reporting
- Paid in Full

Other:

[Blank input field]

Company Name:

[Blank input field]

Company Name:

[Blank input field]

Account #:

[Blank input field]

Account #:

[Blank input field]

- No Knowledge of this Account
- Included in Bankruptcy
- Paid Before Collection/Write off
- Account Not Reporting
- Paid in Full

Other:

[Blank input field]

- No Knowledge of this Account
- Included in Bankruptcy
- Paid Before Collection/Write off
- Account Not Reporting
- Paid in Full

Other:

[Blank input field]

ADDITIONAL COMMENTS

[Large blank area for additional comments]

To investigate your dispute we will contact the source of the disputed information by phone and/or fax. Each source will be advised as to the nature of your dispute and will be requested to verify the accuracy and/or the completeness of the information they reported. If our investigation does not resolve your dispute you may add an explanation statement to your report. All provinces allow a statement added of up to 100 words, except Saskatchewan - 200 words. If you would like to add a statement, please print the statement on a separate sheet of paper and attach it to this form.

****RETURN THIS FORM TO THE ADDRESS LISTED AT THE TOP OF YOUR REPORT****

ki{ qwt'etgf k'tgr qtvej cpi gu'chgt'qwt'kpxgunki cvkqp."qt'kh'c'equuvo gt'ucvgo gpv'ku'cf f gf.'cp'co gpf gf'tgr qtvy kn'dg'ugpv'ceeqt f kpi vq'r tqxkpekcn'i wkf gkpgu'vq'eqo r cplgu'lp'tgegr v'qh'f'qwt'etgf k'hkg0"Y g'tgeqo o gpf 'y cv'f'qwf'q'pqv'cr r n' "hqt'etgf k'y j kg" { qwt f kur wg'ku'r gpf kpi 0

I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENTS AND HAVE PROVIDED INFORMATION THAT IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND ACCURATE. I AUTHORIZE YOU TO FOLLOW THE PROCEDURES OUTLINED ABOVE IN AN ATTEMPT TO VERIFY THE INFORMATION THAT I AM DISPUTING.

Signature

Date