



Consumer Relations Center  
P.O. Box 338, LCD1  
Hamilton, Ontario  
L8L 7W2

Contact Information  
Telephone: 1-800-663-9980  
Fax: (905) 527-0401  
www.transunion.ca

## INVESTIGATION REQUEST FORM

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.

<p><b>Consumer's Name</b></p> <p>Last                      First                      Middle                      Jr/Sr</p> <hr/> <p><b>Current Address:</b></p> <p>Number &amp; Street</p> <p>Apartment                      City                      Prov/Postal</p> <hr/> <p><b>Date of Birth</b></p> <hr/> <p><b>Employment (optional)</b></p> <hr/> <p><b>Home Phone (optional)</b></p>	<p><b>Social Insurance Number (Optional)</b></p> <hr/> <p><b>Previous Address:</b></p> <p>Number &amp; Street</p> <p>Apartment                      City                      Prov/Postal</p> <hr/> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>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.</i>      YES <input type="checkbox"/></p> <p style="text-align: right;">NO <input type="checkbox"/></p> </div>
<p><b>Signature of Consumer (required)</b> <span style="float: right;"><b>Date</b></span></p>	

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: \_\_\_\_\_

Account #: \_\_\_\_\_

No Knowledge of this Account       Paid In Full

Included in Bankruptcy

Paid Before Collection/Write off

Account Not Reporting

Other: \_\_\_\_\_

Company Name: \_\_\_\_\_

Account #: \_\_\_\_\_

No Knowledge of this Account       Paid In Full

Included in Bankruptcy

Paid Before Collection/Write off

Account Not Reporting

Other: \_\_\_\_\_

Company Name:

Company Name:

Account #:

Account #:

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

Other:

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

Other:

Company Name:

Company Name:

Account #:

Account #:

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

Other:

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

Other:

**ADDITIONAL COMMENTS**

[Large empty text 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\*\***

If your credit report changes after our investigation, or if a consumer statement is added, an amended report will be sent according to provincial guidelines to companies in receipt of your credit file. You will also receive an updated copy of your report. We recommend that you do not apply for credit while your dispute is pending.

**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