

CONSUMER DISPUTE RESOLUTION REQUEST FORM

All required fields with the **ASTERISK (*)** should be completed with **CAPITAL LETTERS**

DRR#: _____

PERSONAL IDENTIFICATION

*FIRST NAME	*MIDDLE NAME	*SURNAME
*TRN _____	*DATE OF BIRTH: _____ / _____ / _____ dd mm yyyy	
*PLACE OF BIRTH (Parish) _____		
*CURRENT ADDRESS (Street Address) _____		
*TOWN _____	*PARISH _____	
*TELEPHON NUMBER(S) _____	*EMAIL ADDRESS _____	

Please Note: Only disputes related to one institution should be detailed per form. If you have disputes relating to another institution it must be placed on a separate form.

CREDIT ACCOUNT INFORMATION

COMPANY NAME: _____

CB CONTRACT CODE	WHAT IS THE INCORRECT INFORMATION?	WHAT IS THE CORRECT INFORMATION?
1.		
2.		
3.		
4.		

SIGNATURE

I _____, hereby grant CRIF Information Bureau Jamaica Limited the authorization to investigate on my behalf, the above listed discrepancy(s) in relation to my credit report. I duly authorize CRIF to print and release to me, a copy of my Credit Report upon resolution of the afore mentioned discrepancy(s).

*SIGNATURE

*DATE

REMINDER:

The dispute process usually takes fourteen (14) days. Upon receiving a response from the institution(s), an amended report will be generated and forwarded to your email.

You have the right to request a revised copy of your credit report be sent to creditors who have recently accessed your file. Please provide a contact name, email, and telephone number for each creditor to proceed with this request.