

CONSUMER DISPUTE RESOLUTION REQUEST FORM

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

| DRR#: | | | | | |
|--|--|-----------------|------------------|-------------------|--|
| | PERSONAL IDENTIFICAT | ION | | | |
| *Title:[]Miss []Mrs []Mr | Other (please state) | | | | |
| *FIRST NAME | *MIDDLE NAME | | * SURNAME | | |
| TRN | * DATE OF BIRTH: | dd | / mm | уууу | |
| PLACE OF BIRTH (Parish) | | | | 3333 | |
| CURRENT ADDRESS (Street Add | dress) | | | | |
| TOWN | *PAR | ISH | | | |
| *TELEPHON NUMBER(s) | | * EMAIL ADDRESS | | | |
| Please Note: Only disputes relatenstitution, it must be placed on a | d to one institution should be detailed per fo separate form. | | have disputes re | lating to another | |
| | CREDIT ACCOUNT INFORM | ATION | | | |
| COMPANY NAME: | | | | | |
| CB CONTRACT CODE | WHAT IS THE INCORRECT INFORMATION? | WHAT IS | THE CORREC | T INFORMATION? | |
| | INFORMATION: | | | | |
| | | | | | |
|). | | | | | |
| . | | | | | |
| | | | | | |
| | SIGNATURE | | | | |
| | , hereby grant CRIF Information isted discrepancy(s) in relation to my credit reportulation of the afore mentioned discrepancy(s). | | | | |
| | | | | | |

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.

CRIF Information Bureau Jamaica

Suite 64 • Winchester Business Centre 15 • Hope Road • Kingston 10 • Jamaica Tel. +1 (876) 906-8680 • Fax +1 (876) 926-2387 • customerservice.jm@crif.com