

COMPANY CREDIT REPORT REQUEST FORM

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

PLEASE READ THE INFORMATION CAREFULLY BEFORE COMPLETING THIS FORM

CRR# _____

COMPANY INFORMATION

*COMPANY NAME _____

*TAX REGISTRATION NUMBER (TRN) _____

*REGISTRATION NUMBER _____

*CURRENT ADDRESS _____

*TOWN _____

*PARISH _____

PREVIOUS ADDRESS _____

TOWN _____

PARISH _____

*TELEPHONE NUMBER (s) _____

*EMAIL ADDRESS _____

Please Note: CRIF will not provide the information you supply to any non-affiliated third party.

REQUIRED DOCUMENTS TO PROCESS CREDIT REPORT APPLICATION

1. Completed **COMPANY CREDIT REPORT REQUEST FORM**
2. TRN and a valid government issued ID (**Driver's License, Passport or Voter's Registration Card**) of the authorised person pulling the company's report.
3. Proof of address (**Recent utility bill or bank statement in the company's name**).
4. Company's TRN
5. Certificate of Incorporation (Letter, on Company's Letterhead, authorizing signatory to collect credit report on company's behalf, inclusive of Company Seal).

APPLICATION PROCESSING AND GUIDELINES

PLEASE TICK THE SUITABLE BOX

☐ Credit Report (*Without Score*)

☐ Credit Report (*With Score*)

****Please note that there is a cost of JMD 1,150 inclusive of GCT for a credit report with a score. ****

GUIDELINES AND FEE STRUCTURE FOR CREDIT REPORT APPLICATION PROCESSING

<i>“Online Processing”</i>	<i>Banking Information</i>
<p><i>Online application will be emailed ONLY</i></p> <p><i>Waiting Time: “2 Working Days”</i></p>	<p>Account Name: CRIF Information Bureau Jamaica</p> <p>Account Number: 5501831613</p> <p>Bank Name: Sagicor Bank of Jamaica Ltd</p> <p>Branch: New Kingston</p> <p>Account Type: Checking</p> <p>You must provide proof of payment by submitting a payment receipt or take a screenshot of the wire transfer.</p>
<p>Website: www.crif.com Email: customerservice.jm@crif.com</p>	

All documents being sent via email must be certified by an approved official (Justice of the Peace, Medical Practitioner, Attorney-at-Law, Superintendent of Police or Bank Manager).

I _____, hereby grant CRIF Information Bureau Jamaica Limited the authorization to release to me, a copy of the company’s credit report. I am aware that I have the legal right to challenge incorrect, incomplete or unreliable information should this arise.

*Customer’s Signature

*Date

Approved Officials	
<p><input type="checkbox"/> Justice of the Peace</p> <p><input type="checkbox"/> Medical Practitioner</p> <p><input type="checkbox"/> Bank Manager</p> <p><input type="checkbox"/> Minister of Religion</p> <p><input type="checkbox"/> Police Officer (Inspector and above)</p> <p><input type="checkbox"/> Attorney-at-Law</p>	<p>Stamp or seal of Referee (where applicable)</p>