

EQUIFAX CANADA

P.O. Box 190

Station Jean Talon

Montreal, Quebec, H1S 2Z2

Tel: (514) 493-2314 Fax: (514) 355-8501

REQUEST TO OBTAIN MY CREDIT HISTORY REPORT

Last Name First Name Initial Suffix (Sr., Jr., etc.)

Street Address Apt.# City Province Postal Code

PREVIOUS ADDRESS:

Street Address Apt.# City Province Postal Code

TELEPHONE: _____ () _____ ()
Residence Work Place

PRIOR ADDRESS(ES) WITHIN THE LAST 5 YEARS:

Street Address Apt.# City Province Postal Code

Date of Birth Social Insurance Number (Optional)

CURRENT EMPLOYER:

The Name and Last 4 Digits of a Major Credit Card:

REASON FOR THIS REQUEST (Circle one of the following):

- 1. Curiosity
- 2. Refusal By which institution? _____ When? _____
- 3. Other(s) – Specify: _____

*A copy of your personal credit history report will be mailed to you shortly. No report will be sent by fax. Please note that if any corrections are necessary, you must fill out the request form, which will be included with your credit history report. No request for correction will be processed by telephone.

****A copy of (2) pieces of identification has to be attached with your request in order to be processed.

Date

Signature