



CONSUMER RELATIONS CENTRE
 P.O. Box 338, LCD1
 Hamilton, Ontario L8L 7W2
 Tel (905) 525-0262/ (800) 663-9980
 www.transunion.ca

<p><i>The information on this form is requested to enable our associates to confirm your identity and access your file as mandated by consumer reporting legislation. If our system does not currently contain a file with your information, your inquiry will result in a file being created or updated.</i></p>			
PERSONAL INFORMATION			
Last Name:		First Name:	
Middle Name:		Date of Birth: (MM/DD/YYYY)	JR/SR
Social Insurance Number: (Optional)		Home Phone Number: (Optional)[NOTE: No Cell Phones Please]	
Referred By (Institution/Company/Website):			
ADDRESS INFORMATION			
Present Address:			Apt #:
City:	Province:	Postal Code:	How Long:
Previous Address: (If Present is less than two years)			Apt #:
City:	Province:	Postal Code:	How Long:
EMPLOYMENT INFORMATION (OPTIONAL)			
Employer:			How Long:
<p><i>I understand and consent to the information provided above being used to update my credit file. I understand that my identification will be used for authentication purposes and will be stored electronically.</i></p> <p><i>I am the person named above and I understand that I could be prosecuted under federal or provincial legislation for obtaining information from a consumer reporting agency by fraudulent means or under false pretences.</i></p>			
Signature:		Date:	