	CONSUMER	R RELATIONS - INFORMA	ATION FORM	
	. Your request mu	ist also include both sides e.	e this form in full and mail it to the of two pieces of photocopied	
		Please Print		
		Personal Information		
Last Name:		First Name:	First Name:	
Middle Name:		Date of Birth:	JR/SR	
SIN (optional)		Home Phone (optional)		
		_		
		Address Information	- ·	
Present Address			Apt. #	
City	Province	Postal Code	How Long?	
Previous Address (if pre	esent is less than 2	2 years)	Apt. #	
City	Province	Postal Code	How Long?	
		ployment History (option		
Present or Previous Employer			How Long?	
			ecuted under federal or provincial ncy by fraudulent means or under false	
Signature			Date	

Do not send this page

To receive a copy of your credit report and/or score TransUnion requires the following information:

- First, middle, and last name (including Jr., Sr., III)
- Current address
- Previous addresses in the past two years, if any
- Social Insurance Number (optional)
- Date of birth
- Current employer (optional)
- Phone number (optional)
- Signature

TransUnion also requires both sides of two pieces of photocopied identification from the following list:

- Drivers License
- Passport
- Certificate of Indian Status
- Age of Majority/Provincial ID
- Citizenship card
- Department of National Defence Card
- Fire Arms Acquistion (only with photo)
- Credit Card (Primary account holder)

Or one of the above along with one of the following:

- Credit card (secondary account holder)
- Birth Certificate
- T4 Slip
- Social Insurance Number (optional)

If more than one member of your household is requesting this information, please complete a separate request, each request must contain all of the above information

Mail the Completed Form to the Below Address

TransUnion Canada Consumer Relations Centre P.O. Box 338, LCD 1 Hamilton, ON L8L 7W2 For Quebec Residents:

TransUnion (Echo Group) 1600 Henri Bourassa Boul Ouest Suite 200 Montreal, PQ H3M 3E2