

Experian Canada Fraud Alert / Identity Theft Request Form

Please print – all required information must be submitted

Date: ____/____/____

Consumer information

Consumer's full name: (First) _____ (Middle) _____ (Last) _____

Current mailing address (include province and postal code) _____

City _____ Province _____ Postal Code _____

Previous address within the past two years _____

City _____ Province _____ Postal Code _____

Date of birth (mm/dd/yyyy) _____ Social Insurance number* _____

() - _____
Daytime telephone number

() - _____
Nighttime telephone number

Authorized signature (**required**) _____

* While your Social Insurance number is not required, it will help further verify your identity.

Fraud Details

We will add a statement that will remain on your credit report for a period of six years to alert credit grantors that you may be a victim of identity theft or fraud.

Please Note: This may mean that the next time you apply for credit, you may be questioned more thoroughly. The credit grantor will want to make sure that you are, in fact, the person that you say you are.

Contact Information

You may fax your request to **Experian Canada's Fraud Victim Assistance Department** at 1 800 646 5876 or mail your request to:

Experian Canada, Inc.
150 King Street West Suite 805
P.O. Box 68 Toronto, Ontario M5H-1J9