



CONSUMER DISPUTE RESOLUTION REQUEST FORM "INDIVIDUAL"

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

DRR#: _____

PERSONAL IDENTIFICATION

_____ ***FIRST NAME** _____ ***MIDDLE NAME** _____ ***SURNAME**

***N. I. B #** _____ *** DATE OF BIRTH:** _____ / _____ / _____
dd mm yyyy

***PLACE OF BIRTH** (City/Country) _____

***CURRENT ADDRESS** (Street Address) _____

_____ ***CITY** _____ ***BAHAMAS**

_____ ***TELEPHONE NUMBER** _____ *** EMAIL ADDRESS**

Please Note: Only disputes related to one institution should be detailed per form. If you have disputes relating to another institution, it must be placed on a separate form.

CREDIT ACCOUNT INFORMATION

COMPANY NAME: _____

CB CONTRACT CODE	WHAT IS THE INCORRECT INFORMATION?	WHAT IS THE CORRECT INFORMATION?
1.		
2.		
3.		

SIGNATURE

I _____, hereby grant Bahamas Credit Bureau Limited the authorization to investigate on my behalf, the above listed discrepancy(s) in relation to my credit report. I duly authorize Bahamas Credit Bureau to print and release to me, a copy of my Credit Report upon resolution of the afore mentioned discrepancy(s).

_____ ***SIGNATURE**

_____ ***DATE**

REMINDER:

The dispute process usually takes fifteen (15) days. Upon receiving a response from the institution(s), an amended report will be generated and forwarded to your email.

You have the right to request a revised copy of your credit report be sent to creditors who have recently accessed your file. Please provide a contact name, email, and telephone number for each creditor to proceed with this request.