

## 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 CRIF Information Services Bahamas Limited the authorization to investigate on my behalf, the above listed discrepancy(s) in relation to my credit report. I duly authorize CRIF Information Services Bahamas 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.