Instant Canadian Credit Report Online: http://canadian-creditreport.com

| | CONSUMER F | RELATIONS - INFORMATIO | N FORM | |
|----------------------------|-------------------------|-----------------------------|--|---|
| | | | | |
| | | | orm in full and mail it to the address of photocopied identification; one must | |
| | | Please Print | | |
| | | | | |
| | | Personal Information | | |
| Last 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 prese | ent is less than 2 year | ars) | Apt. # | |
| City | Province | Postal Code | How Long? | - |
| | | | | |
| | Emp | ployment History (optional) | | |
| Present or Previous Emplo | oyer | | How Long? | |
| | | | | |
| | | | I under federal or provincial legislation for ans or under false pretences. | |
| Signature | 222 | <u> </u> | Date Date | |
| i | | | l l | |

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 | For Quebec Residents: | |
|---------------------------|--------------------------------|--|
| Consumer Relations Centre | TransUnion (Echo Group) | |
| P.O. Box 338, LCD 1 | 1600 Henri Bourassa Boul Ouest | |
| Hamilton, ON | Suite 200 | |
| L8L 7W2 | Montreal, PQ | |
| | H3M 3E2 | |
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