

TransUnion®

Payment Reference Number

Request for Potential Fraud Alert on my credit file

STEP 1

Complete all fields on pages 1 and 2 of this form.

STEP 2

Photocopy BOTH sides of TWO pieces of ID. See page 2 for ID requirements.

STEP 3

Submit this completed form and ID photocopies by mail or fax. Alternatively, you may request a Potential Fraud Alert by phone using our interactive voice response system.

Cost – A non-refundable charge of \$5.00 CAD plus provincially applicable taxes will be applied to your credit card for the Potential Fraud Alert service.

Optional additional protection – Request a Potential Fraud Alert for your Social Insurance Number. A non-refundable charge of \$1.00 CAD plus provincially applicable taxes will be applied to your credit card for this service.

The information on this form is requested to enable our associates to confirm your identity and access your file as mandated by consumer reporting legislation. If our system does not currently contain a file with the information you provided, your inquiry will result in a file being created or updated accordingly.

Correspondence in English or French

Mail:

TransUnion Fraud Victim Assistance Department
P.O. Box 338, LCD1
Hamilton, ON L8L 7W2

Fax:

877-411-2611

Phone:

800-663-9980, prompt 3

Personal information

Last name		First name	
Middle name		Jr/Sr	Date of birth (MM/DD/YYYY)
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Home phone number	Mobile phone number	Work phone number	Alternate phone number

Please provide all phone numbers to be included in your Potential Fraud Alert.

Address information

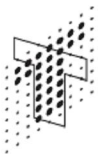
Present address			Apt. #
City	Province	Postal Code	Since (MM/DD/YYYY)
Previous address (if at present address less than two years)			Apt. #
City	Province	Postal Code	Since (MM/DD/YYYY)

Employment information (optional)

Employer	Start date (MM/DD/YYYY)
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I understand and consent to the information provided on this form being used to place a Potential Fraud Alert on my TransUnion credit file. I understand that my identification will be used for authentication purposes and will be stored electronically. I am the person named above and understand that I could be prosecuted under federal or provincial legislation for obtaining information from a consumer reporting agency by fraudulent means or under false pretenses.

Signature	Date (MM/DD/YYYY)
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Police report

Province	City	Division	Report number
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Credit card billing information (required)

Name of cardholder	MasterCard/Visa card number*	Expiry date (MM/YYYY)
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Note: The credit charge on your billing statement will be displayed as TransUnionFraudServices.

*Prepaid MasterCard and Visa cards also accepted.

Cardholder's signature

- Potential Fraud Alert – \$5.00 CAD plus provincially applicable taxes.
- Additional protection: Potential Fraud Alert on my Social Insurance Number – \$1.00 CAD plus provincially applicable taxes.

Social Insurance Number (required if choosing this additional protection)

About the Potential Fraud Alert statement

The Potential Fraud Alert statement remains on your file for a period of six years from the date reported. The statement requests that creditors viewing your complete report contact you before making a decision to extend credit based on the information in your credit report.

The protective statement is applied to your credit file and a copy of your report will be mailed to you upon receipt of proper identification.

Removing the statement

Should you wish to remove the protective statement from your credit report or extend its expiration, TransUnion requires the request in writing accompanied by photocopies of a minimum of two pieces of acceptable identification. Together, these documents must provide your name, current address, date of birth and signature.

Amending the statement

Should you wish to amend the phone number you have provided, you will be required to send photocopies of a minimum of two pieces of valid, non-expired acceptable identification. Any changes to the statement such as your contact details will extend the warning for an additional six years from the date of amendment.

For correspondence in English or French, send all information to remove or amend a Potential Fraud Alert statement to:

TransUnion
Fraud Victim Assistance Department
P.O. Box 338, LCD 1
Hamilton, Ontario L8L 7W2
Fax: 877-411-2611

ID requirements

The information contained within your Trans Union of Canada, Inc. ("TransUnion") consumer report is highly confidential. As such, we must ensure that we have the proper identification to assist us in confirming your identity and accessing your information to process your request, as mandated by consumer reporting legislation.

You must submit photocopies of the front and back of at least two pieces of current identification (outlined below). Together, these documents must provide your:

- Name
- Current address
- Date of birth
- Signature

Please supply enlarged, clearly legible photocopies of your identification on 8-1/2" x 11" white paper – no original documents.

We require one piece of valid, non-expired Canadian government-issued identification.

Examples include:

- Driver's license
- Canadian passport
- Certificate of Indian Status
- Birth Certificate
- Permanent Resident card
- Citizenship and Immigration form
- Health card
- Old Age Security card
- Department of National Defence card
- Provincial photo ID

Examples of acceptable secondary identification include:

- Utility bill indicating current address
- Credit card statement indicating current address
- Signed credit card (both sides)
- CNIB card
- Social Insurance card
- T4 slip (current tax year)
- Notice of Assessments (current tax year)
- GST/HST Refunds (current tax year)
- Child Tax Benefits (current tax year)