## Freeze my credit report

Complete this application form to request a credit report 'freeze' because you believe you have been, or are likely to be, a victim of fraud.

Please provide the information below. **The details marked \* are mandatory.** This information is necessary to identify you and to enable us to suppress the credit information we hold on you. Please note, this is an editable form, you can type your responses in the spaces available.

Name details						
Salutation:	Mr	Mrs	Miss	Ms		
First Name:*				Middle Name:		
Surname:*						
Date of Birth (da	y/mth/yea	ır):*			Gender:* Male	Female
Any other Surnar	me you ha	ve used:				
Any other First N	lames you	have used	:			
Current and p	revious a	addresse	S			
Current Street Ac	ddress:*	No.		Street:		Suburb:
City/Town:				Postco	ode:	
At this address s	since (day/	(mth/year):				
lf you have been	at this ad	dress for le	ess than	3 years please pl	rovide your previous a	ddress.
Previous Street A	\ddress:*	No.		Street:		Suburb:
City/Town:				Postco	ode:	
At this address s	since (day/	(mth/year):				
Your freeze will by ticking one of			ys. Plea	se advise Centrix	x if you require this e	xtended for an indefinite period

No Yes

For any extension please attach with this application your proof of your belief why you have been a victim of fraud.

Phone Number (for contact purposes only):

## **Identification Verification Information**

Before we can 'freeze' your credit report, we need to take precautions to check your identity. Please provide a copy of your current passport or driver licence to verify your signature. Tick the supplied option.

Passport Driver Licence

The Identification Verification Information you send in with this form will not form part of your credit information but will be used to satisfy ourselves of your identity. This information will be kept for administrative and investigative purposes. This information will not be disclosed to our subscribers.

## **Privacy Information**

The information you provide us on this application form is used to confirm your identity and to satisfy ourselves that we are 'freezing' your credit report and not someone else. If we cannot satisfy ourselves of your identity, we may require further information from you, or may not be able to 'freeze' your credit report. If we cannot do this, we will give you reasons for this.

Your name, address, date of birth information you provide updates your credit information to ensure the most recent and accurate information is on your credit file. This information may be made available to credit bureau subscribers when inquiring on your file in the future in accordance with the Code. As an example, this information may be made available when a subscriber is assessing an application for credit made by you (with your consent).

Please tick this box if you **do not** want us to update your credit file with the name, address and date of birth information you provide us.

Centrix has an agreement to forward 'freeze' requests with the two other credit reporters (Equifax NZ Ltd and illion NZ Ltd) in accordance with the Code. This means you will not need to contact each credit reporter separately but they will confirm with you directly they have received your request from Centrix.

Please tick this box if you wish us to pass on your request to 'freeze' your credit report to Equifax NZ Ltd and Illion NZ Ltd.

If you believe any of the information we hold on you is incorrect, please contact us. Details of our correction procedure, complaints procedure and a summary of your rights can be found on our website www.centrix.co.nz.

## **Confirmations and Signature**

I confirm that:

- · I believe that I have been, or am likely to be, a victim of fraud (including identity fraud);
- · I am requesting a credit report 'freeze' for Centrix to suppress my credit information in accordance with the Code;
- the details I have provided on this form are true and correct; and
- I have read and understood the Privacy Information set out above.

Signature:

Date:

Please send this form, along with your Identification Verification Information to:

**Attention:** Customer Services, Centrix Group Limited, P.O Box 62512, Greenlane, Auckland 1546. Or scan and email to <u>admin@centrix.co.nz</u>

Phone: 0800 236 874