

Name details

# Suppress my credit file

Complete this application form to request an initial temporary 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.

Surname:*	First	t Name:*		Middle Na	me:	
If you are known by just one name, please provide it in the Surname field above and tick this box.						
Date of Birth (day/mth/year	):* DD / MM /	YYYYY G	Gender:* Male	Female	Other	
Any other Surname you have used:						
Any other First Names you have used:						
Current and previous a	ddresses					
Current Street Address:*	No. Stre	eet:		Suburb:		
City/Town:		Postcode:				
If you have been at this address for less than 3 years please provide your previous address.						
Previous Street Address:*	No. Stre	eet:		Suburb:		
City/Town:		Postcode:				
Phone Number (for contact	purposes only):					



## **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 initial temporary '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 to:

**Attention:** Customer Services, Centrix Group Limited, P.O Box 62512, Greenlane, Auckland 1546. Or scan and email to <a href="mailto:freeze@centrix.co.nz">freeze@centrix.co.nz</a>

**Phone:** 0800 236 874 8.30am - 4pm