

Dispute Form

Dispute Reference Number

Date of Dispute



9th Floor - The Towers
25 Dominica Drive, Kingston 5
Tel: (876) 633-7023, Fax (876) 618-3736
www.creditinfojamaica.com

CONSUMER INFORMATION

TRN		First Name
Date of Birth (DD/MM/YYYY)		Middle Name
		Last Name
Address		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
		Title <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr Other, please state
		Landline
		Mobile

EMAIL ADDRESS

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SOURCE OF QUERY

NAME OF CREDIT INFORMATION PROVIDER (CIP)

CONTRACT CODE	WHAT INFORMATION IS INCORRECT?	WHAT IS THE CORRECT INFORMATION?
1)		
2)		
3)		
4)		
5)		
6)		

SUPPORTING DOCUMENTATION FOR QUERY

SIGNATURES

Having reviewed my Credit Report dated _____ which was produced by **Creditinfo Jamaica**, I outline above errors which have been identified and ask that you investigate with the intention to make the appropriate corrections and provide me with a response within fourteen(14) days of today's date and if applicable, a copy of the corrected report. I am advised and aware of my right to file a complaint under Section 16 of the Credit Reporting Act (2010) and retain a signed copy of this notice as my receipt.

Signature of Complainant_____
Date & Time of Signature

FOR INTERNAL USE ONLY

ID Provided Drivers License
 National ID
 Passport

ID Checked By: (full name)_____
Signature of Customer Service Rep_____
Date & Time of Signature