

# Application for release of Credit Information File

Please complete the following details so that we may correctly identify your credit record.

**PLEASE NOTE: In all circumstances, identification is required.**

ID can be one form of Photo Identification with signature OR 3 forms of Non Photo Identification; at least one of these should include a signature for verification purposes.

## Your Details:

Surname (Family Name)	_____
First Name & Middle Name	_____
Other Name(s) you may go by	_____
Date of birth	_____ Drivers Licence No. _____
Current Address	_____
Previous Address (within 2 years)	_____
Employer	_____
Applicants contact phone (for any enquiries)	_____

## Please indicate (tick one):

<input type="checkbox"/>	I would like my report immediately (or same day)	Charge \$18.00 or \$14 concession* * Pension card or full time student card required. <b>Healthcare card not accepted.</b>
<input type="checkbox"/>	I would like my report within 10 days	No charge
<input type="checkbox"/>	If your request relates to a refusal of a credit application, please indicate and we will process urgently	No charge

## Delivery Method (tick one):

<input type="checkbox"/>	I will collect it personally	<input type="checkbox"/>	Faxed to _____ Attention to _____	<input type="checkbox"/>	Mailed to me at the above address
<input type="checkbox"/>	I give authority for it to be collected on my behalf by _____				
<input type="checkbox"/>	Emailed to _____				

## Payment method if applicable (for faxed, emailed & mailed applications only):

Please complete this section only if you have chosen a charged option above, and wish to pay by cheque, credit card or money order.

Payment Method	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Cheque/Money Order
Name on Credit Card	_____		
Credit Card Number	_____	Expiry	____/____
Amount (see above)	\$ _____	For same day reports, charge is \$18 or \$14 for concession card holders, unless request relates to refusal of a credit application	
Signature of Card Holder	_____		

## Declaration:

I declare that the information provided above is accurate and not misleading	
Signed _____	Date: _____

Please refer to section 1.7 and 1.8 of the Code of Conduct contained in the Privacy Act for full details of your rights and obligations. Queries may be directed to Tasmanian Collection Service or the Privacy Commissions Office ([www.privacy.gov.au](http://www.privacy.gov.au)).

## Office use only Identification details: