

Application for release of Credit Information File

Please complete the following details so that we may correctly identify your credit record. If you are requesting details by mail/fax **please ensure that you forward 3 forms of Identification**. At least one of these should include a signature for verification purposes.

Your Details:

Surname	_____
First Names	_____
Other Name(s) you may go by	_____
Date of birth	_____
Current Address	_____
Previous Address (within 2 years)	_____
Employer	_____
Drivers Licence Number	_____
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 \$13 concession* (* Pension card or full time student card required)
<input type="checkbox"/>	I would like my report mailed or faxed to me 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"/>	Faxed to me on _____	<input type="checkbox"/>	Mailed to me at the above address	<input type="checkbox"/>	I will collect it personally
<input type="checkbox"/>	I give authority for it to be collected on my behalf by _____				

Payment (if applicable):

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"/> Bankcard	<input type="checkbox"/> Cheque/Money Order			
Name on Credit Card	_____						
Credit Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry	<input type="text"/>	<input type="text"/>
Amount (see above)	\$ _____	For same day reports, charge is \$18 or \$13 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).

Office use only Identification details:
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