



Consumer Credit File – Suppression Request

New Zealand

Suppression Request Type Tick one box only

- ☐ **Initial Request** – Must be made prior to making any other type of suppression request. Consumer Credit File is suppressed for 10 days.
- ☐ **Extension Request*** – can only made after an Initial Request. Consumer File is suppressed for a set period of time or indefinitely (minimum 12 months)
Set Period of time - Start Date __/__/__ End Date __/__/__(minimum of 12 months) or **indefinitely** ☐ or **12 months** ☐
- ☐ **Release Request** – Your Consumer Credit File is released to a nominated Credit Provider(s) and/or for a set period of time.
Please select one option Credit provider _____ or Set of Period of Time- Start Date __/__/__ End Date __/__/__
- ☐ **Cancellation Request** – There must be an active suppression in place. Suppression on your Consumer Credit File is cancelled and will be available for the purpose of credit checking.

Personal Identification Number (PIN) –

Must be included for any request other than an Initial Request

_____ (Provided in your notification of processing an Initial Request)

File Number (if available) (Found on Page 1 of your Consumer Credit Report)

Your Personal Details

This information is necessary to identify you – Please complete all personal details below *mandatory fields. Please print in BLOCK LETTERS

First name*					Salutation*	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms			
Middle name*					Date of birth*	DD / MM / YY			
Surname*					Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Email Address					I would like to order a copy of my credit report	<input type="checkbox"/>			
Phone number* (For contact purposes only - to assist us with processing your request)	Home			Mobile			Work		
Current Residential Address*	Unit No		Street No		Street Name*				
	Suburb				Town/ City*		P/code		At this address since DD/MM/YY
Previous Residential Address*	Unit No		Street No		Street Name				
	Suburb				Town/ City		P/code		At this address since DD/MM/YY

Supporting documents required

Please note your request cannot be processed without the required supporting documentation

IDENTIFICATION Supporting documents required:

Please provide at least two (2) of the following identification documents, including at least one form of identification which verifies your signature.

- ☐ Drivers License
- ☐ Passport
- ☐ Utility Bill
- ☐ Bank Statement

*EXTENSION REQUEST Supporting documents required:

Please provide at least one (1) of the following documents as proof that you may be at risk of fraud.

- ☐ Police Report
- ☐ Statutory Declaration
- ☐ Confirmation from your Credit Provider

Reason for request:

Please provide a brief description of the reason for your request:

☐ Please tick if you agree)

I confirm that this request relates to a suppression request as noted above and that the details supplied are true and correct.

Please complete and sign this request form and send to illion – Attention: Public Access Centre – PO Box 9589 Newmarket – AUCKLAND

Signature			Date	DD / MM / YY
Office use only	PIN allocated			

PRIVACY STATEMENT

Illion New Zealand Ltd - Company No. 361 901 ("Illion") and DBCC Pty Ltd PO Box 9589 Newmarket collects personal Information about Individuals for the purposes of identity verification and to confirm you are requesting a type of suppression request as detailed above. Illion is serious about information quality, and ensuring data accuracy. Therefore if you consent to us doing so, Illion will update your Consumer Credit File using the information provided on this form ie address details. Should you choose for this to occur please indicate by ticking this box ☐. For further details about how Illion collects, holds, uses and discloses personal information and credit information (including our access, correction and complaint handling procedures), please see our Privacy Policy located at <https://www.illion.co.nz/privacy-policy/>

Illion Public Access Centre - PO Box 9589 Newmarket – AUCKLAND - www.checkyourcredit.co.nz Tel 0800 362 222 - Fax 09 309 2050

Email: pacnz@illion.co.nz

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