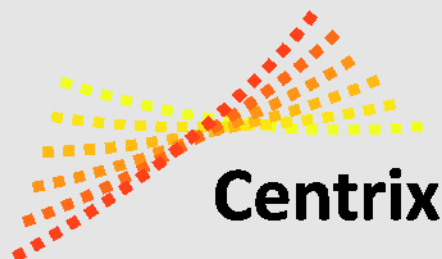


Request to 'freeze' my credit report



Complete this application form to request a credit report 'freeze' because you believe you have been, or are likely to be, a victim of fraud.

Your personal details.

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.

Name details

Salutation Mr / Mrs / Miss / Ms

Surname* _____ Given Name (s)* _____

Date of Birth* d ____ /m ____ /y _____ Gender* Male / Female

Any other Surname you have used* _____

Any other Given Names you have used* _____

Current and previous addresses

Current Residential Address* No. _____ Street _____

Suburb _____ City _____ Postcode _____

At this address since d ____ /m ____ /y ____

If you have been at this address for less than 3 years please provide your previous address.

Previous Residential Address* No. _____ Street _____

Suburb _____ City _____ Postcode _____

At this address since d ____ /m ____ /y ____

Your freeze will be in place for 20 days. Please advise Centrix the amount of time you require this extended for by ticking one of the following: 12 months _____ Indefinite _____ or Other _____

For any extension please attach with this application your proof of your belief why you have been a victim of fraud.

Phone number (for contact purposes only) _____

Identification Verification Information.

Before we can 'freeze' your credit report, we need to take precautions to check your identity. Please provide a copy of your current passport or driver licence to verify your signature. Tick the supplied option.

Passport

Drivers licence

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. 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.

The information you provide to us is also used to update your credit information and may be disclosed to our subscribers.

☐

Please tick this box if you **do not** want us to update your credit information with this information.

The information you provide to us may also be used or disclosed for the purposes of complying with any relevant laws or regulations.

The Identification Verification Information you send in with this form will not form part of your credit information but will be used to satisfy ourselves of your identity. This information will be kept for administrative and investigative purposes. This information will not be disclosed to our subscribers.

☐

We may disclose the credit information held by us to our subscribers.

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 d ___ /m ___ /y _____

Submitting this form

Please send this form, along with your Identification Verification Information to:
Centrix Group Limited, P.O Box 62512, Greenlane, Auckland 1546, Attention:
Customer Services or by fax to 09 666 0056 or scan and email to admin@centrix.co.nz

