

EXPERIAN LIMITED ALIAS QUESTIONNAIRE

Please answer the following questions so that we can consider your request to record on your report that you have been known by another name.

Your 8 digit Credit Report reference number

STEP ONE – PLEASE FULLY COMPLETE THE FOLLOWING DETAILS.

Your name as it currently appears on your credit report (this may be your previous name).

Title
Full Forename
Middle Name
Surname
Date of Birth

Please state the name you are currently known by. This will be the name shown on your credit report going forward. If this differs from what name is currently on your credit report please also send the following documentation: Photocopy of Marriage Certificate OR Deed Poll certificate AND a photocopy of ONE of the following; birth certificate, driving licence or passport (showing your previous name).

Title
Full Forename
Middle Name
Surname
Date known by this name From:

Any other names that you have been known by in the past:

Title
Full Forename
Middle Name
Surname
Date From:
Date To:

Your full current address, including postcode:

House Name/Number
Street
District
Town
Postcode

Your first previous address in the last 6 years:

House Name/Number
Street
District
Town
Postcode

Any other addresses you believe information may be recorded at:

[illegible]

What Experian will do with the information you supply to us:

If you tell us that you are now or have in the past been known by another name, we will:

- i. Update our records with the information provided.
- ii. Supply information in each name to lenders so that they may take your full credit history into account when you apply for credit in the future.

STEP TWO - PLEASE COMPLETE AND SIGN THE DECLARATION BELOW

I confirm that the above information is correct and Experian may update their records with the information I have given.

I understand that if I make a false statement and obtain finance that I would not have otherwise obtained as a result, I may be guilty of a criminal offence. I also understand that Experian may verify the details I have given against their own records.

Your Signature:

Date:

When you have completed this form, please return it to:

EXPERIAN CONSUMER HELP SERVICE, PO BOX 9000, NOTTINGHAM, NG80 7WP