

Security Designate Authorization Form

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This form is to be used by Experian to identify the individual that will act on behalf of the Client in regard to end user access to Experian's systems. Client's Security Designate will submit all requests to create, change or lock Client employee end user access to accounts and permissions associated with Experian's systems and information via the Internet. The Security Designate must be an authorized representative of the Client's organization and must be available to interact with Experian on information and product access matters in accordance with the attached Experian Security Requirements, as applicable. Such requirements may be updated from time to time by Experian in accordance with the terms therein. This Security Designate Authorization Form must be signed by a duly authorized representative of the Client.

All clients acknowledge 1) has received the Experian Security Requirements, 2) has read and understands the Clients' obligations described in the Experian Security Requirements, 3) will communicate the contents of the Experian Security Requirements and any subsequent updates thereto to all employee end users that shall have access to Experian's systems and information, and 4) will abide to the provisions of the Experian Security Requirements. Changes in Security Designate status (e.g., transfer or termination) are to be reported to Experian immediately. On an annual basis Experian will require the Security Designate to attest to the accuracy and currency of the status of the employee end users that access accounts and permissions to Experian's systems and information. Attestation must be completed within 30 days of notification to Client, or the Security Designate will be prohibited from accessing Experian's systems and information until such attestation is complete.

In the United States, clients are allowed to have up to three (3) Security Designates on file. If the client already has three security designates on file, one will need to be removed before adding a new Security Designate.

SECURITY DESIGNATE INFORMATION		(All fields are required unless stated)	
Security Designate Status (Check One)	Create	Change	Lock/Disable
User ID (1 st choice) (minimum of 6 chars)			
User ID (2 nd choice) (minimum of 6 chars)			
User ID (3 rd choice) (minimum of 6 chars)			
Organization Name (do not abbreviate)			
Last Name			
First Name			
E-mail Address			
Telephone Number			
Product(s) requested			
Company ID (COID)			
Comments (optional)			
REPRESENTATIVE INFORMATION (Signature Required)			
As a Client accessing Experian products and services, I am acting as an authorized representative of the Client who will attest annually to whom can be a Security Designate for my organization.			
I hereby submit the above individual may be added as a Security Designate of my organization.			
Printed name		Title	
Signature		Date	
Comments (optional)			
FOR EXPERIAN INTERNAL USE ONLY (Do Not Write Below This Line)			
Date Received		Reviewed By	
VBU assigned	UserID		
Validation of ISA	Email (attached)	Telephone	Physical
Validation by			