



= NOTICE OF DISASSOCIATION REQUEST AND REVIEW FORM =

| | | | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|--|
| NB: | Please complete all sections, with the exception of Section D so that your request for a Notice of Disassociation may be fully considered. | | | | | | | | | | |
| SECTION A | | | | | | | | | | | |
| Sections A, B & C should only be completed if you are in possession of an up to date copy of your Credit File. I.e. a Credit File received in the last 90 days. Please complete the address details at which you require the Notice of Disassociation to be actioned. | | | | | | | | | | | |
| YOUR PERSONAL DETAILS | | | | | | | | | | | |
| Title (e.g. Mr/Mrs/Ms) | Full Forename (please do not abbreviate) | | | | | Middle Name (please do not abbreviate) | | | | | |
| | | | | | | | | | | | |
| Surname | | | | | | Date of Birth | | | | | |
| | | | | | | | | | | | |
| Credit File Reference Number: (This number is located on page 1, top left corner.) | | | | | | | | | | | |
| 1) Current Residential Address Details: From: Address: | | | | 2) First Previous Address Details From: To: Address: | | | | | | | |
| | | | | | | | | | | | |
| Postal Town: | | | | Postal Town: | | | | | | | |
| County: Postcode: | | | | County: Postcode: | | | | | | | |
| 3) Second Previous Address Details: From: To: Address: | | | | 4) Third Previous Address Details From: To: Address: | | | | | | | |
| | | | | | | | | | | | |
| Postal Town: | | | | Postal Town: | | | | | | | |
| County: Postcode: | | | | County: Postcode: | | | | | | | |
| SECTION B | | | | | | | | | | | |
| Please complete the details of the person from whom you wish to disassociate yourself financially. | | | | | | | | | | | |
| OTHER PARTY'S DETAILS | | | | | | | | | | | |
| Title (e.g. Mr/Mrs/Ms) | Full Forename (please do not abbreviate) | | | | | Middle Name (please do not abbreviate) | | | | | |
| | | | | | | | | | | | |
| Surname | | | | | | Date of Birth (if known) | | | | | |
| | | | | | | | | | | | |
| Relationship to you (not mandatory): | | | | | | | | | | | |

(PTO)

SECTION C

Declaration of Person Requesting Disassociation

The person referred to and myself (please tick boxes as appropriate)

| | |
|--|---|
| | Do not share a joint bank account. |
| | Do not share a mortgage in joint names (including any outstanding liability under a Mortgage agreement) |
| | Have no active shared joint credit agreements |
| | Have no other shared financial link |
| | Have a separate income, which is independent of the person detailed in Section B. |

I confirm that there is no financial connection between myself and the person detailed in Section B.

I confirm that the above information is correct and understand that failure to complete this form in full or attempt to misrepresent any information, may result in the request for a disassociation being refused.

I understand, if I make a false statement and, as a result, obtain finance, I would not have otherwise obtained, I may be guilty of a criminal offence.

Equifax have the right to verify the details provided by you against our own records.

| | | | |
|-------------------|--|--------------|--|
| Signature: | | Date: | |
|-------------------|--|--------------|--|

For office use only:

| | | | |
|---------------------------|--|--------------|--|
| Equifax Signature: | | Date: | |
|---------------------------|--|--------------|--|

SECTION D

NB: Section D should only be completed if your initial request for a Disassociation has been declined. Please complete the relevant part of Section D, as outlined in our letter to you, and return with the required evidence so that we may reassess your application.

Notice of Disassociation Review

Please indicate below which items you are enclosing which will enable us to review your Notice of Disassociation request. **(Please note the items you send will not be returned, it is therefore necessary that you send photocopies.)**

| | |
|--|--|
| | Confirmation letter from lender confirming account now settled. |
| | Documentation advising of divorce/separation or that you are no longer co-habiting. |
| | Court documentation confirming: Satisfaction, Cancellation, Discharge or Annulment of court information referred to in your credit file. |
| | Other – please specify: |

Please use space provided below to supply any additional information to support your application.

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| |

For office use only:

| | | | | |
|-----------------------------|--|--|--------------|--|
| Reviewers Signature: | | Reviewers Decision: Accept/Decline | Date: | |
|-----------------------------|--|--|--------------|--|

Return to: Equifax Plc, Credit File Advice Centre, PO Box 1140, Bradford, BD1 5US.