

EXPERIAN LIMITED **FINANCIAL CONNECTIONS QUESTIONNAIRE**

Please answer the following questions so that we can consider your request to remove your financial link (association) to another person. We call this process 'disassociation'. You should use a separate form for each person you want to disassociate from.

Our reference (printed on the top-left-hand side of your credit report) :

STEP ONE - PLEASE COMPLETE THE FOLLOWING DETAILS ABOUT **YOU**.

Title	Full forename	Middle name	Surname	Date of birth
Any other names that you have been known by:				
Your full current address, including postcode:				
How long you have lived at this address:				
Your previous addresses in the last 6 years (please attach an additional sheet if necessary):				

STEP TWO - PLEASE COMPLETE THE FOLLOWING DETAILS ABOUT THE PERSON YOU WANT TO DISASSOCIATE FROM.

Title	Full forename	Middle name	Surname	Date of birth
Any other names that this person has been known by:				
What is this person's relationship to you?:				
Their current address :				
Please provide all the addresses that you have shared with this person in the last 6 years:				

STEP THREE - PLEASE COMPLETE AND SIGN THE DECLARATION BELOW

I confirm that the information provided on this form is correct and I understand that failure to complete this form or any attempt to misrepresent information may result in your request being refused.

The person referred to and I: (please tick **all** the boxes that apply)

do NOT share a bank account

do NOT share a mortgage in joint names (including any outstanding liability under a mortgage agreement)

have NO shared joint credit agreements

have NO other shared financial link

do NOT live at the same address

If any of the above boxes have **NOT** been ticked, please explain why you believe you should no longer be considered as being financially linked, so that we can assess your circumstances fully:

I/we confirm that there is no active financial connection or dependency between myself and the person detailed above.

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

I/we also understand that Experian may verify the details I have given against their own records and, in some cases, may need to request further information to support this application.

Your signature:

Date:

Signature of the person you wish to disassociate from:
(If you are unable to provide this, please see below)

Date:

If the person you wish to disassociate from has not signed the form, please explain why in the box below:

When you have completed this form, please return it to:
EXPERIAN CONSUMER HELP SERVICE, PO BOX 9000, NOTTINGHAM, NG80 7WP