

Individual Disputes Request Form

INDIVIDUAL'S IDENTIFICATION DETAILS (AS APPEARS IN ON PRIMARY IDENTIFICATION DOCUMENT)

Surname: _____ Other Names: _____

Date of Birth: _____ Gender: _____ Nationality: _____

Financial Card No.: _____

CONTACT DETAILS

Postal Address: _____ Postal Code: _____ Town: _____ Country: _____

Home Number(s): _____ Work Number(s): _____

Mobile Number(s): _____ Fax Number(s): _____

Email: _____

Dispute Reason (Tick & Fill Appropriately)

- Erroneous Name(s)
- Unknown account(s)
- Default History
- Erroneous Balance
- Erroneous A/c status
- Delayed Update
- Erroneous Charges

List Details:

Please provide additional information (if any)



Please ensure you attach certified true copies of documents (FCS card and Credit Report) supporting your dispute.

I hereby certify that the information and documentation provided in response to the questions herein are true, complete and authentic.

I understand that the presentation of forged documents or the passing off of any documents issued by a lawful authority to another person as my own, for purposes of obtaining any right or privilege, is a criminal offence.

I confirm that I want my credit report delivered to me through the e-mail/postal address indicated herein and hereby authorize Metropol Uganda Ltd to mail/deliver/send my credit report to the e-mail/postal address indicated herein. I release Metropol Uganda Ltd and its officers, employees and agents from all claims, actions or proceedings of whatsoever nature and howsoever arising, suffered or incurred in connection with Metropol CRB Ltd sending/delivering/mailling my credit report to the addresses that I have provided herein.

Name: _____ **Date:** ____/____/____ **Signature:** _____

FOR OFFICIAL USE ONLY (MUL)

Evaluated/Screened By

Name: _____

Designation: _____

Signature: _____

Date: _____

Remarks: _____

Investigation done By

Name: _____

Designation: _____

Signature: _____

Date: _____