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|---------------------------|---|--|--|
| 1 | 2 | 3 | 4 |
| <i>complete this form</i> | <i>make a certified copy of your South African ID or driver's license or passport</i> | <i>send your proof of identity, proof of payment and this form, to the contact details below</i> | <i>check your email address in sixty minutes</i> |
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Permission to obtain your credit information

I, _____ (ID number _____) authorize **Transaction Capital Credit Health** to obtain my complete credit profiles from **Compuscan, Experian, TransUnion** and **XDS**; to pass my credit information to **Transaction Capital Credit Health** and an attorney on the **Transaction Capital Credit Health** Attorney Panel so that they can provide me with a free quote to clear my credit record (only if there is negative information); to store my credit record and account information on **Transaction Capital Credit Health's** confidential database for **72 hours** from the date on which **Transaction Capital Credit Health's** receives it.

Your Personal information

Name and Surname

Cell number

Email Address

Signature

Date

Banking Details

Account Name | Credit Health (Pty) Ltd
Account Number | 002050684
Bank Name | Standard Bank
Branch Details | Rosebank, 004305
Reference Number | Your ID Number

Document Destination

Candice

info@credithealth.co.za

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