



TransUnion Information Solutions, Inc.
27th Floor, Unit AB
Tower 1, Ayala Triangle
Ayala Avenue, Makati City, 1226
Philippines
P: +632-858-0456
transunion.ph

Hope you are doing good and having a great day.

It is our pleasure to assist you in getting your personal credit report through TransUnion Solutions Inc.

In order for us to process your request kindly follow the below procedure:

A. Email Request

1. Fill out the below form completely and legibly.
2. Prepare a scan copy of your 2 valid ID's.
3. Provide us a selfie with your 2 valid ID's.
4. Zip the above requirements and kindly put a password in it.
5. Email the password protected zip file to inquiryph@transunion.com with the password for us to open the requirements.

Once we receive your request with all of the requirements it will take 5-7 business days for us to complete it. Expect a call from us for verification of your request before we release your credit report.

B. In Person

1. You can always visit us at Unit AB Tower One Securities and Exchange Building Ayala Triangle, Ayala Avenue, Makati.
2. Please bring 2 valid ID's to get your credit report plus an extra ID upon entrance to our building premises.
3. Once you are at our office you need to fill out the below form and present your 2 valid ID's

Once we have your request with all of the requirements we will process it within an hour and provide you your credit report.

Thank you for choosing TransUnion Solutions Inc. as your credit information provider.

Have a wonderful day ahead.



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REQUEST FOR INDIVIDUAL CONSUMER CREDIT REPORT

Note: The information below is required to process this request. Omission of any information may delay your request.

Complete Name: _____
Last Name First Name Middle Name

Complete Mother's Maiden Name: _____

Date of Birth: _____ **Civil Status:** _____ **Gender:** _____
Day Month Year

ID Card Type: _____ **ID No.** _____ **Expiry Date:** _____

Present Address: _____

Permanent Address: _____

Office Phone Number: (_____) _____ **Mobile Number:** (_____) _____
Residential Phone Number: (_____) _____ **Email Address:** _____

How did you know about TransUnion?

Is it the first time to request for credit report? _____ **Purpose of Request:** _____

AUTHORIZATION AND CONSENT

I hereby authorize **Transunion Information Solutions, Inc.**, to process my foregoing personal information, sensitive or otherwise, for the purpose of accessing my credit report containing consolidated positive and negative credit information in connection with my application for and availment of credit facilities from different financial institutions.

Furthermore, I acknowledge that I have been informed of my rights under Republic Act No. 10173, otherwise known as the Data Privacy Act and further recognize that I have been duly informed of the purpose, scope, source and method of the data processing involved including how long my personal information will be retained.
This authorization and consent shall be valid within fifteen (15) days from its date and applicable for one (1) credit report pull only.

Disclaimer: Under any circumstance(s), the consumer shall coordinate directly *only* with the issuing bank in case any dispute regarding the account(s) is/are found. Only local accounts will be reflected in the credit report.

Signature over printed name
Date: