

CREDIT FILE REQUEST

To obtain your credit file you will need to provide MediDebt, with the following information:

First Name _____ Surname _____

Date of Birth / / (dd/mm/yyyy) _____

Current Address

House No. Street No. Street Name _____

Suburb State Postcode _____

Previous Address

House No. Street No. Street Name _____

Suburb State Postcode _____

Drivers License No. Issuing State Medicare No. _____

Previous Drivers License No. Issuing State (if applicable) _____

Telephone () Mobile _____

Email Fax _____

Signature Date of Request / / (dd/mm/yyyy) _____

Note: the signatory must be of the same person whose Credit File is being requested and whose details are mentioned in this request form.

It is an offence under Federal Privacy legislation to improperly access a copy of a file that is not your own and a breach may result in a penalty of up to \$30,000.

Please tick one of the following preferences for dispatching your Credit File to you

Email

Fax

Mail

Please fax this request form to (08) 9301 5774 or Mail to: Suite 25/220 Fairway Circle, Connolly WA 6027.

Alternatively you can request your Credit File online at www.medidebt.com.au/mycreditfile.asp

Please note that Credit Files may take up to 10 working days to be dispatched. If the information provided is incorrect or inaccurate, you may be contacted by MediDebt's staff to confirm your identity. This may affect the timeframe in which your file is dispatched. If you require your file urgently you can order it online within 1 working day, however a \$22 incl. GST fee will apply.