

Date: \_\_\_\_\_

**Credit Report Dispute Form - UK**

**To:** Consumer Help Service  
Experian Ltd  
PO Box 8000  
Nottingham  
NG80 7WF

**From:**

Full Name: \_\_\_\_\_

Other name(s) used for credit: \_\_\_\_\_

Full Current Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Please investigate the following inaccurate item(s) in my credit report, and either correct them or remove them from my credit report:**

<p>Company Name: _____</p> <p>The reason I disagree with the information on the credit report:</p> <p>_____ This is not my account</p> <p>_____ I have never paid late</p> <p>_____ This account was discharged in my bankruptcy</p> <p>_____ This account is closed</p> <p>_____ I have paid this account in full</p> <p>_____ Other comments: _____</p> <p>_____</p>	<p>Company Name: _____</p> <p>The reason I disagree with the information on the credit report:</p> <p>_____ This is not my account</p> <p>_____ I have never paid late</p> <p>_____ This account was discharged in my bankruptcy</p> <p>_____ This account is closed</p> <p>_____ I have paid this account in full</p> <p>_____ Other comments: _____</p> <p>_____</p>
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**Signature:** \_\_\_\_\_

