



Consumer Inquiry Form

To submit a Customer Inquiry for a LendProtect Consumer Report, please complete the following:

Lender Company Name: _____ Loan Declined Date: _____

Surname: _____ Forename: _____ Middle Name: _____

Maiden Name or other Surname: _____

Date of Birth: ___/___/_____

Driver's License Number: _____ County: _____

Current Mailing Address: _____

City: _____ County: _____ Post Code: _____

Home Phone: _____ Cell: _____ Work Phone: _____

In the last five years, other residencies:

Premise Number: _____

Premise Name: _____

Short Description of Inquiry: (Attach a short description detailing your inquiry or the reporting of an error or discrepancy)

Signature: _____ Date: _____

Obtaining this Consumer Inquiry Investigative Report for someone other than you or obtaining information under false pretenses is illegal and can result in fines and/or imprisonment. FAX the signed and dated Inquiry Form and a copy of your driver's license to: 0203 002 7265

Copy Attached