

Dispute Resolution Form

Requestor Details	
<input type="checkbox"/> Data Subject	<input type="checkbox"/> Relevant Person (on behalf of Data Subject)
Name	
IC No. / Passport No. / Reg. No.	
Address	
Contact No.	
Email	
Compulsory Supporting Document	<input type="checkbox"/> Copy of IC / Passport
Only applicable for Relevant Person	
Compulsory Supporting Document	<input type="checkbox"/> Letter of Authorisation <input type="checkbox"/> Copy of IC / Passport <input type="checkbox"/> Grant of Probate/Letter of Administration and Certificate of Death
Capacity	<input type="checkbox"/> Director <input type="checkbox"/> Next of kin <input type="checkbox"/> Authorised Representative
Enquiry Details	
Compulsory Supporting Document	<input type="checkbox"/> Credit Report, enquiry no.: _____
Data Subject Name	
Data Subject IC No. / Passport No. / Reg. No.	
Details of Dispute	
Nature of Issue / Dispute	<input type="checkbox"/> inaccurate, not up-to-date, incomplete, irrelevant or misleading information <input type="checkbox"/> others: _____ _____
Relevant supporting document	<input type="checkbox"/> payment records <input type="checkbox"/> legal documents <input type="checkbox"/> police report <input type="checkbox"/> others: _____

Description on Issue / Dispute

I/We confirm that all information provided above is correct, true and to the best of my/our knowledge and authorise Credit Bureau Malaysia (CBM) to conduct investigation and verify the information. I/we understand that CBM has the right to take the necessary action against me/us for any false claims.

Signature :

Name :

IC No. :

Date :