



CUSTOMER CREDIT REPORT REQUEST FORM

Metropol Credit Reference Bureau Ltd

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FILL IN THE FORM IN INK & IN BLOCK LETTERS

CUSTOMER'S IDENTIFICATION DETAILS (AS APPEARS IN ON PRIMARY ID /COMPANY REGISTRATION DOCUMENT)

Surname/Company Name: _____ Other Names: _____

National ID/Passport No/Company Registration No: _____

CONTACT DETAILS

Postal Address: _____ Postal Code: _____ Town: _____ Country: _____

Home Number(s): _____ Work Number(s): _____

Mobile Number(s): _____ Fax Number(s): _____

Email: _____

REASON FOR REQUESTING CREDIT REPORT (TICK APPROPRIATE)

Personal Interest: Credit Application:
Others: Please specify: _____

I would like to receive my credit reports & any other correspondents via:

Email: Postal Address: Collection at our office:

Please attach a copy of your PIN certificate & National ID/Company Registration Certificate

I hereby certify that the information and documentation provided in response to the questions herein are true, complete and authentic.

I understand that the presentation of forged documents or the passing off of any documents issued by a lawful authority to another person as my own, for purposes of obtaining any right or privilege, is a criminal offence.

I confirm that I want my credit report delivered to me through the e-mail/postal address indicated herein and hereby authorize Metropol CRB Ltd to mail/deliver/send my credit report to the e-mail/postal address indicated herein. I release Metropol CRB Ltd and its officers, employees and agents from all claims, actions or proceedings of whatsoever nature and howsoever arising, suffered or incurred in connection with Metropol CRB Ltd sending/delivering/mailling my credit report to the addresses that I have provided herein.

Name/Director 1: _____ Date: / / _____ Signature: _____

Name/Director 2: _____ Date: / / _____ Signature: _____

FOR OFFICIAL USE ONLY

Evaluated/Screened By

Name: _____

Designation: _____

Signature: _____

Date: _____

Remarks: _____

