

EXPERIAN LIMITED FINANCIAL CONNECTIONS QUESTIONNAIRE

Please answer the following questions so that we can consider your request to remove your financial link (association to) another person. This process is called disassociation. A separate form should be used for each person from whom you wish to disassociate.

Our reference (printed at the top of your credit report) :

STEP ONE - PLEASE COMPLETE THE FOLLOWING DETAILS ABOUT **YOU**.

Title	Full Forename	Middle Name	Surname	Date of Birth
Any other names that you have been known by:				
Your Full Present Address, including postcode:				
How long have you lived at this address:				
Your previous addresses in the last 6 years (please attach an additional sheet if necessary):				

STEP TWO - PLEASE COMPLETE THE FOLLOWING DETAILS ABOUT THE PERSON FROM WHOM YOU WISH TO DISASSOCIATE.

Title	Full Forename	Middle Name	Surname	Date of Birth
Any other names that this person has been known by:				
What is this person's relationship to you?:				
Their present address :				
How long have they lived at this address:				
Please provide all the addresses that you have shared with this person in the last 6 years:				

STEP THREE - PLEASE COMPLETE IN FULL AND SIGN THE DECLARATION BELOW

YES **NO**

Do you and the person referred to share any joint credit agreements, for example joint credit card or mortgage? (This also includes joint bank accounts)

YES **NO**

Do you have any other shared financial link?

YES **NO**

If any joint applications were made recently (within the last year) did you open an account which is still open?

YES **NO**

If you have previously told Experian that you are financially connected, are you still financially connected?

If you LIVE at the same address please tick the box to indicate that you keep your finances separate.

If you have ticked YES to any questions above please explain why you believe you should no longer be considered as being financially linked so that we can assess your circumstances fully:

I confirm that there is no active financial connection or dependency between myself and the person detailed above.

I confirm that the information provided on this form is correct and I understand that failure to complete this form or any attempt to misrepresent information, may result in the request being refused.

I understand that if I make a false statement and, as a result, obtain finance that I might not otherwise have obtained, I may be guilty of a criminal offence.

I also understand that Experian may verify the details I have given against their own records and, in some cases, may need to request further information in support of this application.

Your Signature: **Date:**.....

On completion, please return to:

CREDITEXPERT, PO BOX 7710, NOTTINGHAM, NG80 7WE