Marketing Report Request form

Your privacy is very important to us and we want to provide you with a clear understanding of the type of information that may be contained in our marketing database.

By completing this form and including your signature, you hereby request access to view information related to your name and address as it exists in Experian's marketing database. You confirm that you are the individual who resides or resided at the provided address and that you are over the age of 18.

Acceptable Forms of Identification

Please include a copy of a document from each of the two categories below. The documents will be used for identification purposes only and will be securely shredded upon verification.

One item to validate ID:	**One item to validate the address:**
• Valid Driver's License • Passport • Birth Certificate • Marriage Certificate or Divorce Decree	• Valid Driver's License • Utility bill with the correct address (Gas, Water, Cable, Landline phone bill) • Mobile phone bill • Mortgage statement / Rental Lease Agreement

Name/Address Combination:
This information will only be used to look for your information in the Experian marketing database. The name and address provided below should be the same as the name and address indicated on the identification documents.

Only one name and address may be included on this form. If you would like information for another name and address combination, you will need to complete and mail a separate form.

All fields are required.

(Please ensure the address you provide is the latest address you have lived at for the last 12 months).

First name _____
Last name _____
Address Line 1 _____
Address Line 2 _____
Town _____
County _____
Postcode _____
Date of Birth _____

Contact telephone no : _____
Contact email address : _____

(The telephone no and email address will only be used as a matter of contacting you should we have any queries while processing your request).

Return Mailing Address:
You will receive your marketing data summary via post at the address provided above. If there is an alternate mailing address, please provide details below.

All fields are required.

First name _____
Last name _____
Address Line 1 _____
Address Line 2 _____
Town _____
County _____
Postcode _____

Signature _____

Print Name _____

Please send the completed form and two forms of identification documents to:

Experian Customer Relations – Marketing Data (EMS)
Experian Ltd
PO Box 8000
NG80 7WF