

AUTHORIZATION TO OBTAIN PERSONAL INFORMATION

, [Title e.g. Mr./Mrs./M	s],		, [Full Name and Surname],	
having ID Number	, contac	, contactable on [contact number] and		
residing at				
Do hereby authorize Managed Inte	egrity Evaluation (Pty) Ltd as a regi	stered credit bure	au, to obtain my personal information	
and/or lodge a formal dispute on r	ny behalf.			
know and understand that the inf	formation contained therein is of a	a confidential natu	ire and hereby entrust MIE as my	
agent to obtain the same on my be	ehalf.			
understand that I may revoke this	authorization in writing at any tir	ne except for the i	information already released as a	
result of this authorization, and the	at unless revoked this authorization	n in writing it will	remain in force an effect.	
hereby certify that the following of	documentation has been attached	hereto:		
A copy of my Identity Doc	rument			
2. Valid proof of Residential	Address			
3. A copy of MIE Dispute/Qu	iery form with the Required docur	nents		
DATED AT	ON THE	DAY OF	20	
SIGNATURE:				
WITNESS:				