



Credit File Review of _____ (Survivor's Name)

Privacy and Confidentiality Statement – All information is held confidential until and with the authorization of the individual named above (please see our Privacy and Confidentiality Statement Enclosed or on our website at www.projectrecover.ca/confidentiality)

Please complete as much information as possible that is known. We understand that some information may not be known or vague. Through our investigation we will be able to determine information that may not be available, recalled or known by the survivor. We can review this information later or ask questions you)

- ❖ When did Trafficking Exploitation Start (Approximate) (MM/YYYY) _____
- ❖ When did Trafficking Exploitation End (Approximate) (DD/MM/YYYY) _____
- ❖ Number of Traffickers Involved _____
- ❖ Number of Victims Trafficked by Trafficker(s) (Approximate) _____
- ❖ Were criminal charges and/or proceedings commenced _____
- ❖ Survivor's Date of Birth (DD/MM/YYYY) _____

Please attach a copy of your client's credit report which can be obtained free at the following links:

Trans Union - <https://secure-ocs.transunion.ca/secureocs/credit-agree.html>

Equifax - <https://www.consumer.equifax.ca/personal/products/credit-report/>

Note : Do not enter your phone number in the credit bureau request form to avoid having it recorded on your file.

If you or your client cannot access the credit report for free, please forward this questionnaire and the completed and signed Consumer Disclosure Request form to us and we will obtain their credit report.

Survivor's Name _____ Signature _____

Advocate's Name _____ Signature _____

Advocacy Agency _____

Advocate's Contact Number _____

AUTHORIZATION TO DISCLOSE AND COLLECT INFORMATION

TO: RICHARD DUNWOODY or NANCY FUNG (PROJECT RECOVER)

TO: _____ (the “**Creditor**”)

RE: Any and all debt obligations and/or other financial obligations (**collectively, the “Debt”**) owing by _____ (the “**Debtor**”) to the Creditor

This shall be good and sufficient authority and authorization for the Creditor to release and disclose and deliver to Richard Dunwoody/Nancy Fung all documentation and information, including any personal information about the Debtor, concerning or affecting or relating to the Debtor and/or the Debt (collectively, the “**Debt Related Information**”).

This shall also be good and sufficient authority and authorization for Richard Dunwoody/Nancy Fung to request and collect such Debt Related Information and for Richard Dunwoody/Nancy Fung to release and disclose and deliver to the Creditor all documentation and information, including any personal information about the Debtor, concerning or affecting or relating to the Debt and/or the Debtor, including the Debtor’s personal history and circumstances.

DATED: **X** _____

X _____
SURVIVOR SIGNATURE

X _____
[INSERT NAME OF SURVIVOR]

X _____
WITNESS SIGNATURE

X _____
[INSERT NAME OF WITNESS]



CREDIT BUREAU REQUEST FORM

(If you would like to receive a copy of your credit report with this request, please complete fully and attach photocopies of both sides of 2 pieces of ID)

CONSUMER RELATIONS CENTRE

3115 Harvester Road, Suite 201

Burlington, Ontario L7N 3N8

Tel 800 663-9980

www.transunion.ca

You may also request your credit report by phone using our Interactive Voice Response system:
1(800) 663-9980 (Prompt 1)

The information on this form is requested to enable our associates to confirm your identity and access your file as mandated by consumer reporting legislation. If our system does not currently contain a file with the information you provided, your inquiry will result in a file being created or updated accordingly.

PERSONAL INFORMATION

| | | | |
|--|-----------------------------|--------------------------------|-------|
| Last Name: | | First Name: | |
| Middle Name | Date of Birth: (MM/DD/YYYY) | | JR/SR |
| Social Insurance Number: (Optional) | | Home Phone Number: (Optional). | |
| Referred By (Institution/Company/Website): | | | |

ADDRESS INFORMATION

| | | | |
|---|-----------|--------------|-----------|
| Present Address: | | | Apt #: |
| City: | Province: | Postal Code: | How Long: |
| Previous Address: (If Present is less than two years) | | | Apt #: |
| City: | Province: | Postal Code: | How Long: |

EMPLOYMENT INFORMATION (OPTIONAL)

| | |
|---|-----------|
| Employer: | How Long: |
| <i>I understand and consent to the information provided above being used to update my credit file. I understand that my identification will be used for authentication purposes and will be stored electronically.</i> | |
| <i>I am the person named above and I understand that I could be prosecuted under federal or provincial legislation for obtaining information from a consumer reporting agency by fraudulent means or under false pretences.</i> | |
| Signature: | Date: |

Your request CANNOT be fulfilled without including both sides of 2 pieces of acceptable photocopied ID.



AUTHORIZATION AND CONSENT TO OBTAIN CONSUMER DISCLOSURE FROM TRANS UNION OF CANADA, INC.

I (Insert full name as shown on identification) _____ hereby authorize Project Recover Inc. (Richard Dunwoody) to request a copy of my consumer disclosure from Trans Union of Canada, Inc. (Initial Here) _____

I also authorize and consent to Trans Union of Canada, Inc. providing a copy of my full consumer disclosure to Project Recover Inc. (Richard Dunwoody)
Initial Here _____

I also authorize Project Recover Inc. (Richard Dunwoody) to contact Trans Union of Canada, Inc. to request that Trans Union of Canada, Inc. remove any addresses and phone numbers appearing on my consumer disclosure that are determined to be inaccurate. I also authorize and consent to Trans Union of Canada, Inc. removing such addresses and phone numbers from my credit file and I authorize and consent to Trans Union of Canada, Inc. communicating with Project Recover Inc. (Richard Dunwoody) with regard to changes made to my consumer disclosure.

Consumer's Date of Birth: _____

Consumer's Current Address: _____

Consumer's Name _____ Signature _____
(As appears on copy of government identification provided)

DATE _____

Witness Name _____ Signature _____

Association's Name _____

Contact Number _____

Date _____

TransUnion also requires **both sides of TWO pieces of photocopied identification** from the following list. Together these combined pieces must contain your name, **current address (the address MUST match the address on the Consumer Disclosure Request Form, date of birth and signature.**

Acceptable primary identification

We require **at least** one piece of valid (non-expired) Canadian government-issued identification.

Examples include:

- Driver's license
- Canadian passport
- Certificate of Indian Status
- Birth certificate
- Canada permanent resident (PR) card
- Citizenship card
- Old Age Security card
- Department of National Defence card
- Provincial photo ID

Additional pieces of acceptable identification. Examples include:

- Utility bill indicating current address
- Credit card statement indicating current address
- CNIB card
- Social Insurance card
- T4 slip (current tax year)
- Notice of Assessments (current tax year)
- GST/HST Refunds (current tax year)
- Child Tax Benefits (current tax year)

Together these combined pieces must contain your name, current address, date of birth and signature.

AUTHORIZATION TO DISCLOSE INFORMATION

TO: Ontario Victim Services

RE: Client File Number

I, the undersigned, consent and authorize Ontario Victim Services (“OVS”) to search for and to disclose my client file number to Richard Dunwoody or another authorized representative of Project Recover for the following program:

- Victim/Witness Assistance Program
- Victim Quick Response Program+

I understand that Project Recover will be disclosing this personal information to my creditors who have requested this information, and I consent for this disclosure to occur.

I further understand that OVS will retain a copy of this authorization form and the accompanying request and response for their records in accordance with their records retention schedule. This information will be kept confidential and will not be released to any third parties without my prior authorization, unless OVS is compelled to do so pursuant to a court order or as otherwise required by law.

DATED: **X** _____

X _____
CLIENT SIGNATURE

X _____
[PRINT/TYPE NAME OF CLIENT & D.O.B.]

X _____
WITNESS SIGNATURE

X _____
[PRINT/TYPE NAME OF WITNESS]