(**Your Address**)

Customer Service Team

TransUnion

PO Box 491

Leeds

LS3 1WZ

**(Date)**

To whom it may concern,

Please add the following Notice of Correction to my credit file.

*I, (Full Name) declare that when my signature is required for any financial product or service, I will authenticate my signature with my thumbprint. (All that is required is a Thumbprint is submitted, there is no need to check the print against a database).*

*Failure by me or any other to comply with this direction should result in the product or service being withheld.*

*Any application or product submitted requiring a signature without a thumbprint should be considered fraudulent.*

*I will inform you in writing, signed and Thumbprinted of any changes or cancellation to this Notice Of Correction*

*I, (Your Full Name) declare that when my signature is required for any financial product or service, I will authenticate my signature with my thumbprint. (All that is required is a Thumbprint is submitted, there is no need to check the print against a database).*

*Failure by me or any other to comply with this direction should result in the product or service being withheld.*

*Any application or product submitted requiring a signature without a thumbprint should be considered fraudulent.*

*I will inform you in writing, signed and Thumbprinted of any changes or cancellation to this Notice of Correction*

**(add)**

Your Credit Reference File Number (If known but not necessary)

Your Full Name

Date of Birth

Address

Yours sincerely,

**(Your Signature)**