

XDS CONSUMER RELATIONS

DISPUTE / QUERY FORM

Dispute Reference No: XD _____

Expected date of Completion _____

PERSONAL INFORMATION	
Full Name	
Surname	
ID Number	
Cell Number	
Work Number	
Home Number	
Fax Number	
Email Address	
Postal Address	

In compliance with the National Credit Act 34 of 2005 [NCA], XDS commits to resolve your Dispute/Query within 20 business days and for paid up Judgments in compliance with Regulation No. R. 144 of the NCA, within 7 business days. If you are dissatisfied with the outcome of this investigation, please contact the Credit Ombud for further assistance quoting the above reference number on 0861 66 28 67 or visit their website, www.creditombud.org.za to log a complaint. The information provided above will be used to update your XDS Credit Profile.

PLEASE INDICATE THE NATURE OF THE DISPUTE BY TICKING THE APPROPRIATE BOX BELOW			
ACCOUNT	<input type="checkbox"/>	JUDGMENT	<input type="checkbox"/>
I have paid my account in full	<input type="checkbox"/>	Information/amount of the judgment is incorrect	<input type="checkbox"/>
Account is closed	<input type="checkbox"/>	This is not my admin order	<input type="checkbox"/>
This is not my account	<input type="checkbox"/>	The Admin order is paid up [74U]	<input type="checkbox"/>
I paid my account before it went to collections	<input type="checkbox"/>	The Admin Order is rescinded [74Q]	<input type="checkbox"/>
I was not notified of the adverse listing	<input type="checkbox"/>	This is not my sequestration	<input type="checkbox"/>
I have paid the judgment	<input type="checkbox"/>	I have been rehabilitated	<input type="checkbox"/>
This is not my judgment	<input type="checkbox"/>	My account is Prescribed	<input type="checkbox"/>
This is not my judgment	<input type="checkbox"/>		

PLEASE INDICATE WHICH SUPPORTING DOCUMENTS ARE ATTACHED TO THIS DISPUTE	COMMUNICATION – PLEASE INDICATE AS TO HOW YOU WANT TO BE CONTACTED ON THE OUTCOME OF THIS INVESTIGATION
Copy of ID document <input type="checkbox"/>	Telephone <input type="checkbox"/>
Proof of payment <input type="checkbox"/>	Email <input type="checkbox"/>
Court Order / Court Documents <input type="checkbox"/>	Fax <input type="checkbox"/>
Sworn Affidavit <input type="checkbox"/>	Post <input type="checkbox"/>

Please provide details of Accounts / Judgments / Admin Order / Sequestration /Other that is the subject of this Dispute/query

Signature _____ Date _____

Dispute Forms must be returned to e-mail: dispute@xds.co.za or fax 0866 225 565

AUTHORIZATION TO OBTAIN PERSONAL INFORMATION

I, _____ [Insert Title e.g. Mr/Mrs/Ms...], _____, [Full Name and Surname],

having ID Number _____, contactable on _____ [contact number]

and residing at _____

Do hereby authorize Xpert Decision Systems (Pty) Ltd, as a registered credit bureau, to obtain my personal information, including a copy of my full credit report/bank statement or any other credible evidence pertaining to my account.

I know and understand that the information contained therein is of a confidential nature and hereby entrust XDS as my agent to obtain the same on my behalf.

I understand that I may revoke this authorization in writing at any time except for the information already released as a result of this authorization, and that unless revoked this authorization in writing it will remain in force an effect.

I hereby certify that the following documentation has been attached hereto:

1. A copy of my Identity Document
2. Valid proof of Residential Address
3. A copy of XDS Dispute/Query form with the Required documents

DATED AT _____ ON THE _____ DAY OF _____ 20_____

SIGNATURE: _____

WITNESS: _____