



Dispute Form
ATTN: Compliance Department

This form is used to dispute inaccurate information contained in your consumer report furnished by Vcheck Global. By submitting this form, you are requesting that this matter be reinvestigated and that the disputed items be deleted or corrected as soon as possible. Reinvestigation may take up to thirty (30) days. The result of the dispute and a copy of the report will be mailed to you, and your company will be notified.

Personal Information:

Last Name	First Name	Middle Name
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Date of Birth (mm/dd/yyyy)	Social Security Number (Last 4 Digits)
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Current Address	City, State	Zip Code
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Email Address	Phone Number
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Company name (Employer/Prospective Employer/Prospective Business Partner)

Disputed Information:

Please describe what is inaccurate or incomplete and why:

I certify that the information I provided on this form is complete and accurate and I acknowledge that I am the person named on this form.

Signature: _____

Print Name: _____ Date: (mm/dd/yyyy)

Please submit this form via email to: compliance@vcheckglobal.com