

Permission to Obtain Information,

I _____ ID Number: _____,
Authorize ClearDebt to obtain my complete credit profiles from **TransUnion/ Experian/ XDS**; to obtain any and all balance and statement information from any of my creditors (only if I instruct ClearDebt to perform Financial Planning) to pass my credit information to ClearDebt Financial Services so that they can provide me with a free quote to clear my credit record (only if there is negative information) to store my credit record and account information on ClearDebt's confidential database for 30 days from date on which ClearDebt receives it; and to store only the information related to my action Plan for a total of 6 months from receipt of this report.

Name and Surname: _____

Cell Number: _____

Email address: _____

Signature: _____

Date: _____

NEXT STEPS:

1. Please send us your Proof of ID and this signed Permission form to fax number: 086 548 1415 or info@cleardebt.co.za
2. Fax your proof of payment for **R89** to the same number
3. **Once received**, we will process your order and send your Report within 3 Business hours

Our Banking Details:

ClearDebt
ABSA BANK
Branch Code:632005
Account Number: 407 306 1380
Ref: Please use your ID as reference