

FORM 2: REQUEST FOR DELETION OF PERSONAL INFORMATION

In compliance with the National Credit Act 34 of 2005 [NCA], XDS commits to resolve your dispute/query within 20 business. You will be contacted via email on the outcome of this investigation. If you are dissatisfied with the outcome of this investigation, please contact the Credit Ombud for further assistance quoting your XDS 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.

PERSONAL INFORMATION			
Full Name			
Surname			
ID / Passport Number			
Mobile Number			
Other contact number	Work		Home
Email Address			

REQUEST FOR DELETION OF PERSONAL INFORMATION	
Identify the Personal Information	
Reason for requesting deletion	

PLEASE INDICATE THE NATURE OF THE DISPUTE BY TICKING THE APPROPRIATE BOX BELOW					
ACCOUNT <input type="checkbox"/>	JUDGMENT <input type="checkbox"/>	ADMIN ORDER <input type="checkbox"/>	SEQUESTRATION <input type="checkbox"/>	DEBT REVIEW <input type="checkbox"/>	
I have paid my account in full	<input type="checkbox"/>	Information/amount of the judgment is incorrect	<input type="checkbox"/>	I withdrew from my debt review application	<input type="checkbox"/>
Account is closed	<input type="checkbox"/>	This is not my admin order	<input type="checkbox"/>	A debt review flag is reflecting on my name, but I only enquired, not applied	<input type="checkbox"/>
This is not my account	<input type="checkbox"/>	The admin order is paid up [74U]	<input type="checkbox"/>	My debt review is over	<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	The admin order is rescinded [74Q]	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"/>		

PLEASE SELECT WHICH SUPPORTING DOCUMENTS ARE ATTACHED TO THIS DISPUTE	
Copy of ID document	<input type="checkbox"/>
Proof of payment	<input type="checkbox"/>
Court order / court documents	<input type="checkbox"/>
Sworn affidavit	<input type="checkbox"/>
Proof of residence	<input type="checkbox"/>
10 x sample signatures of yours, written on one page a sample of your signature if the account is fraudulent	<input type="checkbox"/>

PLEASE PROVIDE DETAILS OF ACCOUNTS / JUDGMENTS / ADMIN ORDER / SEQUESTRATION / OTHER THAT IS THE SUBJECT OF THIS DISPUTE/QUERY

The information provided above may be used to update your XDS Credit Profile, and shared together with details of your dispute with the relevant data source for resolution of your dispute.

Signature_____ Date_____

[Dispute forms must be emailed to dispute@xds.co.za](mailto:dispute@xds.co.za)