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REG. No.: 2009/041595/23

CREDIT CHECK AUTHORITY

Client Surname _____
Full Names _____
Identity Number _____
Address _____
Postal Code: _____
Spouses full Names _____
Spouses ID Number _____
Contact Tell Numbers (Home) _____
(Work) _____
(Cell) _____
Place of Employment _____
Occupation _____
Place of Employment (Spouse) _____
Occupation _____

I hereby authorize & request Algoa Debt Care to obtain Credit Bureau reports in my/our name's, as required in terms of the National Credit Act, Act 34 of 2005 Sec 86 (6) and regulations 24 (3).

Client Signature: _____ Spouse Signature: _____

Date: _____ Date: _____

All information and details supplied by you will be retained in the strictest confidence.