**Authority Letter**

**To,**

TransUnion CIBIL Limited

One World Centre, Tower 2A,

Senapati Bapat Marg,Fitwala Rd,

Mumbai, Maharashtra 400013

**Subject: Authorization Letter to Rectify Cibil Report Misreporting**

Sir,

Myself \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name)having **Pan No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.MobileNo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I wish to correct my Cibil Misinformation. I have legally authorise Credit Correction Solutions, Pune to make application & take all possible actions in order to correct my CIBIL Report & submit necessary documents , requests [ Physical & Online ] & also represent it & attain & process my correction application in Credit Agency on my behalf as my Legal Authority . I hereby authorize Credit Correction Solutions Pune for signing the documents / making applications ,letters, mails, reminders on my behalf made to you & Visit your office for the said purpose .

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| **Name as per PAN** |  |

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| **PAN NO** | **MOB NO.** |

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| **EMail ID** |  |

**\_-Undertaking –**

I understand my responsibility to provide all demanded & necessary documents during the process otherwise my claim does not stand valid. I undertake that the information provided is authentic & reliable otherwise I will be liable for its consequences & Credit Correction Solutions Pune will not be responsible for it. **I agree that if any dues claimed by Lender on my Loan Ac , I will be liable to pay it 21 days from official information from lender to Clear dues & re-process Cibil report correction at no additional cost, otherwise the application is considered to be false information application & rejected without any Refund. I agree that the copy are also sent to lenders for confirmations & this Services limits upto making Cibil Correction Application only.**

Sincerely yours,

Sign\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_ Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_