

COMPLETE THIS FORM TO OBTAIN AN ADDITIONAL CASH PAYMENT,
AS DESCRIBED IN THE SETTLEMENT NOTICE.

UNIQUE CODE: #####
«FirstName» «LastName»
«Address1»
«Address2»
«City», «StateCd» «Zip»
«CountryCd»

INSTRUCTIONS:

1. VERIFY THAT YOUR NAME AND ADDRESS INFORMATION IS CORRECT.
2. ADD YOUR TELEPHONE NUMBER AND E-MAIL ADDRESS.
3. SIGN BELOW VERIFYING THAT THE INFORMATION YOU ARE SUPPLYING IS CORRECT.
4. MAIL THE ENTIRE PAGE OF YOUR COMPLETED CLAIM FORM TO:

Patel v. Trans Union LLC, c/o Settlement Administrator
P.O. Box 1387, Blue Bell, PA 19422

THIS CLAIM FORM MUST BE RETURNED TO THE ADDRESS ABOVE NO LATER THAN JANUARY 22, 2018

Section I: Updated Personal Information

**If the preprinted information above is not correct, make any changes here.
(STOP! Do not complete this section if the preprinted information above is correct)**

First Name, MI, Last Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Section II: Additional Information

Telephone Number: (____) _____

Email Address (if you have one): _____

Section III: Signature

TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF, I LOST OR WAS DELAYED IN OBTAINING A RENTAL OPPORTUNITY AS A RESULT OF THE CONDUCT THAT IS THE BASIS FOR THE CLASS CLAIMS ASSERTED AGAINST DEFENDANTS IN THIS LAWSUIT.

SIGN BELOW TO VERIFY THAT THE INFORMATION YOU ARE SUPPLYING IS CORRECT.

Signature

Printed Name

Date: _____

NOTE: THIS CLAIM FORM WILL NOT BE VALID WITHOUT YOUR SIGNATURE. YOU MUST ALSO CERTIFY THAT THE ADDRESS LISTED ABOVE IS CORRECT, OR PROVIDE YOUR CURRENT ADDRESS. IF YOU SUBMIT THE FORM WITHOUT THAT INFORMATION, YOU WILL NOT RECEIVE AN ADDITIONAL CASH PAYMENT FROM THE SETTLEMENT FUND.