

SERVICE REQUEST

FAX: (450) 692-2601 WEBSITE : www.verificationexcelle.com
 TOLL FREE: 1 866 692-2601 EMAIL: info@verificationexcelle.com

C A N D I D A T E	First name: _____	Last name: _____	
	Address: _____		
	City: _____	PROVINCE _____	POSTAL CODE _____
	Tel: _____		
	Email: _____		
	Social insurance number: _____		FACULTATIVE _____
	Driver permit number: _____		
Date of Birth:	_____/_____/_____	DD MM YEAR	

REPORT REQUESTED

- | | |
|--|--|
| <input type="checkbox"/> Criminal Verification | <input type="checkbox"/> * Credit Verification |
| <input type="checkbox"/> Civil Verification | <input type="checkbox"/> * Diploma Verification |
| <input type="checkbox"/> Company Verification | <input type="checkbox"/> * Employment references |
| <input type="checkbox"/> Driver's license Verification | <input type="checkbox"/> * Place of residence Verification |

*** Candidate's signed consent form required.**

Comments: _____

Requested by: _____
Company: _____

Date: _____ **Telephone:** _____

Email: _____ **Fax:** _____

Report: by email by fax **Service:** regular priority

PRIVACY NOTICE

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