

## CARDHOLDER DECLARATION FORM

Cardholder Name :	Cardholder Account Number : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cardholder Customer Number : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cardholder Card Number : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please tick the relevant boxes below:

Type of Transaction : <input type="checkbox"/> Purchase <input type="checkbox"/> ATM Withdrawal		
Location of Transaction : <input type="checkbox"/> In UK <input type="checkbox"/> Abroad <input type="checkbox"/> On Internet		
<input type="checkbox"/> I only made one transaction and the card was in my possession and control at the time of the purchase / cash withdrawal		
<input type="checkbox"/> I neither made nor authorised this/these transaction(s). Find written explanation enclosed		
<input type="checkbox"/> There is a discrepancy in the amount registered, it should be —      see enclosed		
<input type="checkbox"/> I have up to now not received merchandise ordered by me and 30 calendar days have elapsed from the transaction date. The goods should have been sent to my address.		
<input type="checkbox"/> I have not received the requested cash from the ATM. I only received —      from the ATM. Find written explanation enclosed.		
<input type="checkbox"/> The card is still in my possession and control.		
<input type="checkbox"/> I have been in contact with the merchant, see my written explanation.		
<input type="checkbox"/> Other circumstances, see enclosed written explanation		
<input type="checkbox"/> Card blocked	Date :	Time :

Please fill in the following details:

Transaction date :		
Merchant/Place Name :		
Amount :		
Amount in foreign currency :		
For ATM withdrawals only	Number :	Time of withdrawal :

Date:	Cardholder Name:	Cardholder signature:
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