

DISCLAIMER

Please print out this form and complete the following sections:

- Complete section 1 in all cases.
- Complete section 2 if the disputed transactions were a result of the card being lost or stolen.
- Complete section 3 if the card was still in your possession when the disputed transactions took place.
- **THE STATEMENT OF CLAIM ON PAGE 2 MUST BE COMPLETED AND SIGNED IN ALL CASES.**

SECTION 1 – Cardholder details

Company Number:

Card Number: Card Expiry Date (if known):

Surname: First Names:

Home Telephone: Business Telephone:

Mobile Telephone: E-mail Address:

SECTION 2 - Lost & Stolen cards

Was your card lost/Stolen? Yes / No

Date of loss/theft

Details of loss/theft.....

Did you keep your Personal Identification Number (PIN) with your card? Yes / No

Did you keep a separate record of your PIN e.g. in a diary? Yes / No

Have you ever revealed your PIN to anyone else? Yes / No

If yes, to whom did you reveal your PIN?

.....

Was the loss or theft reported to the police? Yes / No

If yes, to which police station: Crime or incident number:

Officer Name/Number: Date of Report:

SECTION 3 - Disputed transactions

Has the card ever been out of your possession other than when handing to a cashier?

Yes / No

If yes, please give details:

.....
.....

Could anybody have taken your card, used it and replaced it?

Yes / No

(For example colleague or family member?)

If yes, please give details:

.....
.....

Have you ever allowed anyone else to use your card or card details to make a purchase?

Yes / No

If yes, please give details:

.....
.....

Do you recognise the amount and or date of the disputed transactions but not the name on your Statement?

Yes / No

If any of the disputed transactions took place abroad, have you visited this country (ies) in recent months?

Yes / No

If yes, please give details:

.....
.....

THANK YOU FOR YOUR ATTENTION TO THESE DETAILED QUESTIONS. THIS WILL HELP US TO PURSUE YOUR CASE AND COMBAT FRAUD.

Should you have any other information relevant to this case please attach a further sheet. Please now complete and sign the Statement of Claim below.

STATEMENT OF CLAIM

Card Number:

Name on card:

I declare that the transactions highlighted on the attached Transaction Detail List were not sanctioned by me or by anyone acting upon my authority or with my consent or knowledge.

Neither I nor any employee from my company authorised or participated in these transactions or received any benefit directly from them.

I authorise you to disclose to the police details of this case in order to pursue any criminal investigation.

I understand that this statement may be used in court proceedings.

Cardholders Signature:..... Date

**Please return your completed form signed within 10 working days to:
Barclaycard, 51 Saffron Road, Leicester, LE18 4US
Or fax to: 0845 300 5838. Thank you.**