

Self-Declaration Claim Form

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Card number (last 4 digits on the card only)		Phone	
Card holder's full name		Birth date	
Address			
E-mail address			
Please answer the questions below (if necessary, use a separate sheet of paper)			
Why are you making a claim?			
<description></description>			
Specifications of the transactions you want to make a claim about. The form "Cardholder Certification, Fraud" must be enclosed. Attachment			
Answer these questions if the transactions you are making a claim about are not your own. If yes on question 1, jump to question 4.			
1. Was the card in your possession when the transactions were carried out?			
2. When and how did you	notice the card was mi	ssing? Date	Time of day
<description></description>			
3. How did you keep your card and PIN code?			
<description></description>			
4. Is the card blocked?	es No	If yes, what date was it	t blocked?
5. Have you reported the issue to the police? If yes, please attach a confirmation. Yes No Attachment			
6. Do you have other important information in connection with this issue? (Feel free to write on a separate piece of paper.) Please attach other documentation relevant to this issue.			
<description></description>			
I hereby declare that I never participated in nor authorized the above mentioned transaction(s). Please stop all further charges to my account.			
This declaration must be signed, scanned, and sent to sor.reklamasjon@tietoevry.com.			
Location	Date Sig	nature (card holder)	