

## Self-Declaration Claim Form

|  |   |            |                      |
|--|---|------------|----------------------|
| Card number<br><b>(last 4 digits on the card only)</b> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone      | <input type="text"/> |
| Card holder's full name                                | <input type="text"/>  | Birth date | <input type="text"/> |
| Address  | <input type="text"/>  |            |                      |
| E-mail address   | <input type="text"/>  |            |                      |

Please answer the questions below (if necessary, use a separate sheet of paper)

|   |                                     |
|---|-------------------------------------|
| Why are you making a claim?<br><br><Description>  |                                     |
| Specifications of the transactions you want to make a claim about<br>The form "Cardholder Certification, Fraud" <u>must</u> be enclosed | Attachment <input type="checkbox"/> |

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?   |   | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| 2. When and how did you notice the card was missing?   | Date:   | <input type="text"/>                                     | Time of day: <input type="text"/>                        |
| <Description>  |   |  |  |
| 3. How did you keep your card and PIN code?  |   |  |  |
| <Description>  |   |  |  |
| 4. Is the card blocked?  | Yes <input type="checkbox"/> No <input type="checkbox"/>  | If yes, what date was it blocked?                        | <input type="text"/>                                     |
| 5. Have you reported the issue to the police? If yes, please attach a confirmation.  |   |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|  |   |  | Attachment <input type="checkbox"/>                      |
| 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>  |   |  |  |
| 7.   | 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](mailto:sor.reklamasjon@tietoevry.com).

Location \_\_\_\_\_ Date \_\_\_\_\_ Signature (card holder) \_\_\_\_\_