Cardholder Affidavit of Unauthorized Use

Card Number:

Cardholder Name (as it appears on card):

Full Cardholder Name (First, Middle, Last):

Cardholder Address:

_____

_____

Please make sure to cut in half any remaining card with the above number in half and return it/them with this affidavit.

1. Please list all transactions that you are contesting in the below table, and include a copy of the related monthly cardholder statement of fees where these transactions appear noting to indicate the same transactions listed below by circling the merchant name and account billing amount. (In case the space below is insufficient, please attach a separate page clearly indicating the fraudulent transactions)

Transaction Date	Merchant Name	Transaction Original Amount

2. Was the above card in your possession when the fraudulent charges occurred?

☐ Yes   ☐ No

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3. Was the above card ☐ Lost, or ☐ Stolen? If you selected yes, please specify date, time (as approximate as possible) and location in the space below.

   Date (dd/mm/yyyy): _____

   Time (HH:MM): _____

   Location (Country and City): _____

4. Was the above card ☐ Never Received?

5. Do you have knowledge of the person(s) who may be fraudulently using your account

   ☐ Yes   ☐ No

If yes, please provide name: _____

6. List all people (including family members) that you authorize to use your card account and their relationship to you in the space provided below:

Full Name	Relationship

By signing here below, I duly declare that the transactions appearing in section 1 above were not authorized by me nor by any other authorized user listed in section 6 above, and that to the best of my knowledge, the statements in this affidavit are true and correct.

I hereby authorize __**CSC Bank**___ (the "Issuer") to investigate the allegations above stated and to liaise with any related third party and/or law enforcement agency for the purposes of investigating the alleged misuse of my card account. Furthermore, I agree to appear at legal proceedings as a witness, if required.

Full Name of Client:

Signature of Cardholder:

(dd/mm/yyyy):