

# Affidavit of Card Fraud and Forgery on Account

## Important information

- The entire form must be completed and signed by the account holder prior to their fraud claim being processed.
- Knowingly providing incorrect information on this form may result in civil and/or criminal penalties.
- Please allow up to 10 working days for Ormita to process your request.

For any enquiries contact your local Ormita representative. Forms may also be sent to:

Ormita Limited PO Box 16120 Pittsburgh PA 15242 Facsimile: (412) 360 8403	Ormita Australia Limited PO Box 638 Booval QLD 4304 Facsimile: (07) 3123 5908
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## INSTRUCTIONS FOR COMPLETING THIS FORM

### ▶ COMPLETE USING ALL CAPITAL LETTERS

▶ You must complete all questions

▶ Please place a cross **X** in the appropriate boxes

Incomplete applications can not be processed and will be returned or destroyed

## PRIMARY ACCOUNT HOLDER DETAILS

### Primary contact and authorized company signatory

First Name	Last Name
<input type="text"/>	<input type="text"/>

Company Name

Postal Address on Account *(May be different from company and trading address)*

Suburb

City

State	Post Code
<input type="text"/>	<input type="text"/>

Telephone  
( )

Mobile Telephone  
( )

Facsimile  
( )

Email Address  @

Card Number Involved in Unauthorised Transactions

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- Lost / Stolen Card:** I/We have not used the card above for purchases of the merchandise, services, or for any other purpose since the above date.
- Never Received in Mail:** I/We requested a card from Ormita, but never received it at the address on file.
- Fraud Application:** W/We state the card number described above was applied for and issued without my knowledge and/or consent.
- Counterfeit:** I/We have control and possession of the cards during the postage time of the transactions however the transactions were undertaken without my knowledge and/or consent.
- Card Account Takeover:** I/We requested a card from Ormita, however did not request for the person indicated below to be on the card account.

## AFFIDAVIT

I/We have not used this Card for any of the transactions since the above date. I/We have not authorized anyone else, orally or in writing, or have given consent or have knowledge or implied consent, to use/have possession of said Card. I/We have not, and will not, receive goods, services, or otherwise benefit directly or indirectly, from transactions made after the date shown above. I/We believe that any documentation received bearing my purported signature, or the purported signatures of person(s) authorized to use my Card/Account following the date reported above, are and will be forgeries.

I/We further agree that any information relating to the unauthorized use of this account may be provided to any investigative or prosecutorial agency. I/We also agree that it may be required to provide a copy of a local police report if requested.

The transaction(s) identified were not made by me or by anyone acting upon my authority or with my consent or knowledge.

I have no knowledge of the identity or whereabouts of the person(s) using the Card.

I can identify the suspect as follows:

First Name	Last Name
<input type="text"/>	<input type="text"/>

Address

Suburb

City

State	Post Code
<input type="text"/>	<input type="text"/>

Telephone  
( )

Mobile Telephone / Other Telephone  
( )

Social Security Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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