



**Cheque and Debit Card  
Fraud Claim Form**  
Fraud Call Centre: 087 577 4444

**Personal Information**

Cardholder Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Card Number: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

**Transaction Information**

Date	Transaction Name	Amount
1		R _____
2		R _____
3		R _____
4		R _____
5		R _____
6		R _____
7		R _____
8		R _____
9		R _____
10		R _____

**I have examined my statement and dispute the above mentioned transaction(s) for the following reason(s):**

- I certify that I neither made nor authorised the mentioned transaction(s).
- I certify that my Debit/Cheque/Chip or Petrol Card was in my possession at the time of the transaction. (Attach a clear copy of the card to this form.)

**Circumstances:**

How did you become aware of the incident or fraudulent transactions?  The card was _____	Where did the incident occur and where were you assisted/interrupted? (Provide date, time and location).	
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**Your Declarations - by signing this form I confirm the following**

1. I, hereby confirm that, I know and understand the content of the above mentioned document.
2. All information that I have given FNB are true, authentic and correct
3. I understand that providing false information or withholding the information required constitutes a misrepresentation, which might lead to criminal and / or civil prosecution.

Date: \_\_\_\_\_  
 Full Name: \_\_\_\_\_ Client Signature: \_\_\_\_\_

To prevent any delays in processing this claim please ensure that the form is completed, signed and a clear copy of the front and back of the card is attached if fraud occurred while the card was in your possession.

**Email this form to [debit&cheqcrdfd@fnb.co.za](mailto:debit&cheqcrdfd@fnb.co.za) or Fax to 011 438 8799**