



TAKAFUL PAKISTAN LIMITED

Business Centre, 6th Floor, Plot NO. 19-1-A, Block-6, P.E.C.H.S., Shahrah-e-Faisal,
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PLASTIC CARD CLAIM FORM

Participant's Name and Address: _____

Name of Card Member: _____

Card No. _____

Card Valid: From: _____ To: _____

Card Member. Since: _____

Credit Limit: _____

Date of Discovery Loss: _____

How and by whom was the loss discovered _____

Amount of Loss: _____ No. of Fraudulent Transactions: _____

Period over which Fraud etc. perpetrated: _____ to _____

Loss due to **(Please cross the applicable Box (Yes))**

Transactions on a Counterfeit Card Merchant Fraud

Transactions on Lost/Stolen Card Employee Infidelity

Name of Merchant(s) Involved: _____

Details of the employee(s) Involved: Name: _____

Designation: _____

(Please use separate sheets for additional information)

Employed Since: _____

Job Description: _____

Actions Taken by the Participant: _____

Recoveries (if any): _____

We declare that all statements made on this form are true to the best of our knowledge and belief and all known pertinent facts are revealed.

Date: _____

Participant's Signature: _____