IDENTITY THEFT STATEMENT

(Name of financial institution, credit card issuer, or other company) Part One: Information about You and the Incident _____, state as follows: **Personal Information** 1) My full legal name is: (middle) (first) (last) 2) My commonly-used name (if different from above) is: (middle) (first) (last) 3) My date of birth is (y/m/d): ____/___/ 4) My Address is: City: ______ Province/Territory: _____ Postal Code: _____ 5) My home phone number is: _____ 6) My business phone number is: _____ 7) I prefer to be contacted at: __ Home __ Business __ Alternate number:_____

Information about the Incident Please check all that apply
8) I became aware of the incident through:
(1) I did not outhorize anyone to use my name or personal information to sock the manay
9) I did not authorize anyone to use my name or personal information to seek the money, credit, loans, goods or services described in this document.
10) I did not receive any benefit, money, goods or services as a result of the events described in this document.
11) My identification document(s), (for example, credit card, debit card, birth certificate, driver's licence, etc.), were:
lost on or about (y/m/d)//
stolen on or about (y/m/d)//
never received
Additional information (e.g. which cards, circumstances):
12) Additional Comments (for example, a description of the incident, what information was used or how a possible identity thief gained access to your information): Attach additional pages as necessary

Name _____

This information notifies companies that an incident has occurred and it allows them to investigate your claim. Depending on the details of your case, each company may need to contact you with further questions.

nvestigation and Enforcement Inforn	nation
13) I have reported the events described in this agency.	document to the police or other law enforcement
The Police did did not complete a re	port.
In the event that you have contacted the police complete the following:	or other law enforcement agency, please
Agency	Officer
Phone Number	Badge Number
Date of Report	Report number, if any
Documentation	
Please indicate the supporting documentation yoriginals) to this document.	ou are able to provide. Attach legible copies (not
14) A copy of the report completed by the Police	e or law enforcement agency. (if available)

15) Other supporting documentation: (Describe):

Name _____

Part Two: Statement Of Unauthorized Account Activity

Complete this section separately for each company you are notifying.

As a result of the events described in the Identity Theft Statement (check all that apply):

□ The account(s) described in the following table (e.g. deposit account, investment account, credit card account, etc.) was/were opened at your company in my name without my knowledge,

authorization or consent, using my personal information or identifying documents.				
□ My account(s) described in the following table (e.g. deposit account, investment account, credit card account, etc.) was/were accessed, used or debited without my knowledge, authorization or consent, using my personal information or identifying documents.				
The unauthorized activity took place through (if known):				
An in-person transaction				
An automated banking machine				
A point of sale purchase				
An Internet transaction				
A telephone transaction				
A cheque				
Other				
Don't know				
□ The credit product(s) described in the following table (e.g. loan, mortgage, line of credit)				

as/were obtained from your company in my name without my knowledge, authorization or

consent, using my personal information or identifying documents.

Company Name/Address	Type of Account/		Description unauthorize activity (if known)		Date (if known)		Amount (if known)	
Example: ABC Bank	Deposit Account 1234567-8	90	Withdrawal		01/02/02 or: All activity sin 01/02/02	ce	\$500	
				Λ++α	ach additional p	0000 00	20000074	
If the incident invo	olved a mortga	ge , ple	ease indicate	Alle	icii addilional p	ayes as i	iecessai y	
Lender's Name/Address	Date of Registration (if known)	Legal description of the property		Munici Addres The pr	ess of Nu		egistration umber of ortgage(if nown)	
				Λ.μ.				
□ During the time	of the incident	·(e) de	scribed above		ach additional p		•	
your company (pl					Fidilowing acco	ωπ(<i>δ)</i> υρ	GIICU WILII	

Billing Address

Account/Card Number

Name _____

Attach additional pages as necessary

Protecting Your Privacy

I agree that companies to whom I provide the Identity Theft Statement may use the personal information in it only for the purposes of investigating the incident described in the Statement, prosecuting the person(s) responsible and preventing further fraud or theft.

The companies may disclose the information to law enforcement institutions or agencies (for example, police departments) for these purposes. The companies to whom I provide the Identity Theft Statement agree that this information may not be used or disclosed for any other purposes except as authorized by law. If this document or information contained in it is requested in a law enforcement proceeding (e.g. before a court or tribunal), the company may have to provide it or disclose it.

Signature

All statements made by me in this of my knowledge and belief.	form are true and complete in every respect to the best
Signature	_
Printed name	_
Date	_

Knowingly submitting false information in this Statement could subject you to criminal prosecution.