



## SALAAM TAKAFUL 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: \_\_\_\_\_