



Butterfield

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LOST / STOLEN CARD REPORT

Card Services

Card Account Details

Replacement Card Required: Yes No

Date of Report (dd/mm/yyyy):

Time Reported:

Visa@:

MasterCard:

Bank Account Number:

CIF#:

Date of birth (dd/mm/yyyy):

Mother's Maiden Name:

Cardholder Name:

Telephone: (C): (W):

Address:

Email Address:

Number of Cards Issues: MC: Visa@:

Number of Cards Lost or Stolen: MC: Visa@:

Type of Card: MasterCard Debit Card Visa@ Credit Card MasterCard

Additional Cardholder's Name (For Credit Cards Only):

Card to be Collected at: Butterfield Place Midtown Plaza Governors Square Mailed to Address on File Courier to above address (fee will apply)

Details of Loss

Card(s) were: Lost Stolen

Any Fraud on Account?: Yes No

If stolen, were the Police informed?: Yes No **If No, then please advise the Police.**

Description of Suspect(s):

Where Lost/Stolen (Location and Country):

Date of Loss:

Date Card(s) Discovered Missing:

Was Missing Card(s) Signed?: MC: Yes No Visa@: Yes No

Was the PIN number with the card(s)?: Yes No

*I / We understand that there is a charge for these services as indicated in the current schedule of fees for cards.

Cardholder's Signature _____ Date (dd/mm/yyyy) _____ Card Collected By _____ Date (dd/mm/yyyy) _____

Card Services Use ONLY

CIF: _____ Input by: _____ Date (dd/mm/yyyy): _____

Checked by: _____ Date (dd/mm/yyyy): _____

Charged CI\$25.00 Fee Charged Courier Fee Fraud has occurred

Charged US\$35.00 Fee

New Card Number: _____ Report taken by: _____

BR12-07

Information Classification: Confidential