

IDENTITY THEFT STATEMENT

To: _____
(Name of financial institution, credit card issuer, or other company)

Part One: Information about You and the Incident

I, _____, state as follows:
(name)

Personal Information

(1) My full legal name is: _____
(first) (middle) (last)

(2) My commonly-used name (if different from above) is:

(first) (middle) (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: _____

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, driver's licence, passport, SIN card, birth certificate, 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): _____

Name _____

- 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

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.

Investigation and Enforcement Information

- 13) I have reported the events described in this document to the police or other law enforcement agency.
The Police ____ did ____ did not complete a report.

In the event that you have contacted the police or other law enforcement agency, please complete the following:

_____ Agency	_____ Officer
_____ Phone Number	_____ Badge Number
_____ Date of Report	_____ Report number, if any

Name _____

Documentation

Please indicate the supporting documentation you are able to provide. Attach legible copies (not originals) to this document.

14) A copy of the report completed by the Police or law enforcement agency. *(if available)*

15) Other supporting documentation: (Describe): _____

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, savings 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, savings 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 (ABM/ATM)
 - 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) was/were obtained from your company in my name without my knowledge, authorization or consent, using my personal information or identifying documents.

Name _____

Description of Unauthorized Account Activity

Company Name/Address	Type of Account/ Account Number	Description of unauthorized activity (if known)	Date (if known)	Amount (if known)
Example: ABC Bank 123 Street, Any town	Deposit Account 1234567-890	Withdrawal	01/01/02 or: all activity since 01/01/02	\$500

Attach additional pages as needed

If the incident involved a mortgage, please indicate:

Lender's Name/Address	Date of Registration (if known)	Legal description of the property	Municipal Address of the property	Registration Number of mortgage(if known)

Attach additional pages as needed

During the time of the incident(s) described above, I had the following account(s) opened with your company (*please list any account not mentioned above*):

Billing Name _____

Billing Address _____

Account/Card Number _____

Attach additional pages as required.

Name _____

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 I have made on this form are true and complete in every respect to the best of my knowledge and belief.

Signature

Signature of witness (not immediate family)

Printed name

Printed name

Date

Date

Telephone number

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