

Form for recovered Credit, Debit & Diners cards (only)  
**Please, send completed form and retained card to:**

**Elavon Merchant Services**  
 Postfach 710 247  
**60492 Frankfurt**  
 Germany



Please read below the important Instructions about how to cut the card correctly.

By completing this form in full you help us avoid fraudulent use of Cards and enable the reward process to take place.  
 Thank you.

**Please proceed as follows:**

- + Cards **without** a visible chip:  
 cutCard horizontally so as not to damage the magnetic stripe on the reverse, the hologram or the embossed Card account Number
- + Cards **with** a visible chip:  
 either punch a hole through middle of the magnetic stripe or cut away a corner of the card at the opposite end to the chip which must be at a 45 degree angle and extend approx 1 (one) inch from corner of the Card.

**Once the Card has been cut in the correct manner, it must be forwarded to Elavon Merchant Services.**

**Your data:**

(1) Full name of cashier.....

(2) Site name or Trading name :.....Your services merchant number:

Please specify who the reward should be made payable to: (1) Cashier  or (2) the Site

The reward will be submitted to the site address and issued in the form of a cheque within ...??... days to the person who recovered the card if unspecified.

Printed name of person submitting claim.....Signature.....Date.....

**The facts:**

Cardnumber.....recovered on ..... at.....o'clock

Circumstances which, led to the retention of the card at the site named above:

- |  |                          |                     |                          |
|--|--------------------------|---------------------|--------------------------|
| Terminal refusal? (only message type - decline & retain) | <input type="checkbox"/> | Voice auth refusal? | <input type="checkbox"/> |
| Code 10 refusal?   | <input type="checkbox"/> | Suspect behaviour?  | <input type="checkbox"/> |
| Different signature?                                     | <input type="checkbox"/> |                     |                          |
- Other reasons (please clarify):.....

- |   |            |                          |                      |                          |
|---|------------|--------------------------|----------------------|--------------------------|
| Was it the first time this person came into your station? | Yes        | <input type="checkbox"/> | no                   | <input type="checkbox"/> |
| The card was presented by:                                | one person | <input type="checkbox"/> | more than one person | <input type="checkbox"/> |
|   | male       | <input type="checkbox"/> | female               | <input type="checkbox"/> |

Description (type, ethic origin, age, height, beard, glasses, colour of hair, distinguishing features):  
 .....  
 .....

What products was the cardholder attempting to purchase? Fuel  Shop goods

Type of car : Model : Colour:. Car Registration n<sup>o</sup>::

More information, if possible

**Please retain a copy of this form for your records**