



Affidavit by Cardholder

Debit Card Interchange Department (Fax Number : 011 371-4320) Debit&Cheqcrdfd@fnb.co.za

I, Prof/Dr/Mr/Mrs/ _____

With Identification Number _____ states as follows:

I reside at _____

My postal address is _____

My contact numbers are _____ (work) _____ (home) _____ (cell)

My e-mail address is _____

I declare that the statement I am about to make will be true to the best of my knowledge and belief, and I make it in the knowledge that if it is tendered in evidence, I will be liable for prosecution if I have wilfully stated in it anything which I know to be false or which I do not believe to be true.

I am a customer of _____ branch and the lawful holder of a debit/cheque card number _____

On _____ (date and time) this card was lost / stolen under the following

circumstances: _____

To my knowledge my last transaction was done at _____ on date _____ to the amount of R_____.

I have never given anyone authority to make purchases on my behalf against my debit/cheque card or to use this card for any purposes whatsoever.

I have signed / not signed the card on the reverse side thereof.

A specimen of my signature, as appearing on the reverse side of the lost/stolen card, is indicated below:

1. I know and understand the contents of the abovementioned statement and I have no objection in taking the prescribed oath.
2. I consider taking the oath to be binding on my conscience.
3. I swear that the content of this statement is the truth, the whole truth and nothing but the truth 'so help me God'.

Deponant's (Cardholder's) Signature

Sworn to and signed before me at _____ on this _____ day of _____ 20 _____

The deponant (cardholder) has acknowledged that he/she has no objection to taking the oath, which he/she considers to be binding upon his/her conscience.

Commissioner of Oaths