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:_____

Name _____

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, credit card, debit card, birth certificate, driver's licence, 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):

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.

Name _____

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

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, investment 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, investment 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
- ☐ 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) as/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/**	**Description of unauthorized activity (if known)**	**Date (if known)**	**Amount (if known)**
Example: ABC Bank	Deposit Account 1234567-890	Withdrawal	01/02/02 or: All activity since 01/02/02	$500

Attach additional pages as necessary

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 necessary

□ 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 necessary

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 made by me in this form are true and complete in every respect to the best of my knowledge and belief.

_____
Signature

_____
Printed name

_____
Date

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