



**CARDHOLDER STATEMENT**

I, Mr/Mrs/Miss .....state that I reside at .....  
and that my telephone numbers are ..... (C) ..... (H) ..... (W)

I declare that the statements I am about to make will be true to the best of my knowledge and belief and I make them in the knowledge that if they are used as evidence in any court proceedings I will be liable for prosecution if I have wilfully stated anything which I know to be false or which I do not believe to be true.

If you are an RCS customer, please complete **Section 1**. If you are not an RCS Customer, please complete **Section 2**.

**Section 1**

I am a client of RCS Cards (Pty) Ltd ("RCS") and am the lawful holder of RCS Card Number.....

- I am still in possession of the card
- OR
- The card was returned to RCS on .....
- The card was destroyed by myself on .....
- The card was cut and thereafter returned to RCS on .....
- The card is not in my possession for the following reason/s: My Card was Lost / Stolen / Other\*. If other, please provide details and if lost/stolen please provide the date card was lost/stolen .....

The following transaction/s was/were not initiated by me\*\*.

Transaction Date	Store Name	Transaction Amount

I did/did\* not give anyone authority to use the abovementioned RCS Card  
 I know/do not know\* how the culprits obtained details of my RCS Card. If you do know, please provide details.....  
 I know/do not know the person/s\* using my RCS Card fraudulently. If you do know the person/s, please provide details.....

**Section 2**

I am not a client of RCS, and

- I never applied for nor authorised anyone to apply for an RCS Card on my behalf;
- OR
- I applied for an RCS Card but never collected nor authorised anyone to collect the card on my behalf

.....  
DEPONENTS SIGNATURE

Sworn to and signed before me at ..... on ..... 20.....  
The deponent has acknowledged that s/he knows and understands the contents of this affidavit and has declared that s/he has no objection to taking the oath and he considers the oath to be binding upon their conscience.

.....  
Commissioner of Oaths  
Name: .....  
Office: .....  
Company: .....  
Address: .....

**Please e-mail/fax this statement together with a copy of your Identity document, 3 sample signatures and a copy of the front and back of the card (if the card is still in your possession). E-Mail: alldisputes@rcsgroup.co.za Fax: (021) 597 4723**

\* Delete whichever is not applicable  
\*\* Please add any additional transactions in a separate sheet