

## Lost/Stolen Card Form

Card issue:  Debit  Classic  Gold  Platinum  Business

Lost  Stolen  Non-Receipt

### Client Information

Mr.  Mrs.  Ms.  Miss  Other:

First Name

Middle Name

Last Name

Maiden Name (if applicable)

Residential Address

Home Telephone

Home Fax

Mobile Number

Work Telephone

Work Fax

Email Address

Date of Report:

Time of Report:   am  pm

Date of Loss:

Time of Loss:   am  pm

Date Last Used:

Credit Card Number:

Expiration Date:

Main Cardholder

Supplementary Cardholder

Number of cards issued on account:

Number of Cards Lost/Stolen:

Location of Loss:

Details of Loss:

Has a police report been filed?  Yes  No  Copy Attached  Report #:

Has the card been reported lost/stolen to Visa?  Yes  No  Copy Attached  Report #:

If yes, details of report:

Was missing card signed?  Yes  No PIN # Lost:  Yes  No

\*\*Potential Fraud:  Yes  No

Signature:

Date:

**Internal Use Only**

Reported by:  Phone  Email  Fax  In Person

Name of Person reporting:

Contact #:

Report taken by:

Date:

Outstanding Balance/Credit at the time of report (including pending charges): \$

Did client verify balance as correct?  Yes  No

Special Instructions:

\*\* If there is evidence of potential fraud on your account, please complete the BCB Card Dispute Form  
Completed forms may be emailed to: [cardservices@bcb.bm](mailto:cardservices@bcb.bm), or faxed to (441) 295 1612