

RCS - Fraud Department

DISPUTE DECLARATION FORM

Did you know logging a false claim and completing an affidavit or declaration under false pretences is a criminal offence?

DECLARATION, 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.

Tel: 021 597 4970 / 0861 775 522

Email: AllDisputes@rcsgroup.co.za

COMPLAINANTS SURNAME & INITIALS: _____ DATE: _____

ID NUMBER:

ID BOOK ISSUE DATE: YYYY / MM / DD

ACC / CARD NO.:

E-mail address: _____

Cell Number: _____

I am a client of RCS Cards (Pty) Ltd ("RCS") and am the lawful Account and card holder of the above recorded RCS Card Number

Yes ☐

No ☐

I have reported my ID document as lost or stolen with SAPS

Yes ☐

No ☐

Your dispute is as a result of one of the following (tick the appropriate block)?

1. I did not open the Account ☐

4. I did not authorise the below Online Transactions ☐

2. My account card was Lost ☐

3. or Stolen ☐

5. I have my card in my possession and did not authorise the below transactions ☐

Nature of Incident:

In order for RCS to complete our investigation we require you to email us copies of the following:

1. Copy of your ID

2. Copy of your store card (Back and front)

3. Completed declaration or Affidavit

4. Affidavit confirming ID is lost/stolen, if reported to SAPS

DETAILS OF DISPUTED TRANSACTIONS (If whole account is fraudulent do not complete below)

DATE OF PURCHASES	STORE OF PURCHASE	TRANSACTION AMOUNT

*Please add any additional transactions in a separate sheet

SIGNED AT: _____

DATE: ____/____/____

FULL SIGNATURE: _____

WITNESS: _____

Please indicate if the RCS Group could list you on a external Fraud database SAFPS (South African Fraud Prevention Services) for your protection and to prevent any further losses against your identity

Would you like to be listed YES ☐ NO ☐

Initial: _____

Tel: +27(0)11 867 2234

Email: safps@safps.org.za