

Bank : 1 Fraud Questionnaire

Account Number: \_\_\_\_\_ X \_\_\_\_\_

Name on Account: \_\_\_\_\_

Address on Account: \_\_\_\_\_

Your Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Length of Time at current Residence: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Previous Address: \_\_\_\_\_ From: Month/Year \_\_\_\_\_

\_\_\_\_\_ To: Month/Year \_\_\_\_\_

Please list the name(s) and relationships of any person(s) residing with you at any of the above address(es):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Who do you suspect completed the application for credit in you name? \_\_\_\_\_

Explain why you suspect them: \_\_\_\_\_

Do you have any information that could assist us in contacting the suspect? (i.e. address, social security number, phone number, drivers license number-state issued, employer, etc.)

Have you spoken to the suspect regarding this matter?

Yes \_\_\_\_\_ No \_\_\_\_\_

Can we contact them? Yes \_\_\_\_\_ No \_\_\_\_\_

Has a police report been filed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, report number: \_\_\_\_\_ Police Department: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Detective or Officer Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Please be sure to include a copy of your drivers license and social security card when you return this form.

NAME

Credit Card  
Consumer Fraud Control

April 18, 2002

Phoenix,

Fax

CUSTOMER  
12345 Street

HOMESTEAD, FL

Re: Product credit card ~~XXXX-XXXX-XX~~

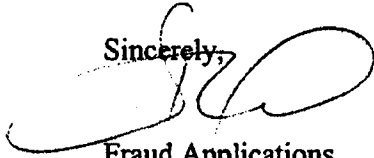
Dear CUSTOMER:

Thank you for notifying us about the suspected fraudulent account that was opened in your name. To help prevent additional charges from occurring, we have closed this account.

To begin our investigation, we have enclosed a fraud questionnaire form. Please return the completed form in the self-addressed, postage paid envelope within ten days of receipt of this letter.

Thank you for your patience and cooperation in resolving this situation. If you have any questions please contact us at 1-800-

Sincerely,



Fraud Applications  
Phone: (800)  
Fax:



← UNAUTHORIZED  
USE OF TRADE MARKS



03-13-02

**Dear Customer,**

We are currently updating our resident, non-resident alien and citizens records. This is to enable us detect persons exempted from the United States reporting and withholding tax on interest paid to you on your bank account and other financial dealings. To adequately protect such exemptions from paying tax on statutorily, we are required to update our records to enable you recertify your exemption status. To complete this exercise in time, you are required to complete the attached Form W-9095 and return same to us as soon as possible through the Fax number 1-914-470-9245.

United States citizens or resident aliens should also fill the form, indicating "U.S. Citizen/Resident" on the form and return same to us. We will on receipt, re-classify such category of customers. In completing the attached form, you are advised to follow the steps below:

- i) If you are a non-resident alien, indicate the name of your country to support your non-resident status.
- ii) U.S. Citizens and other resident aliens must indicate their permanent residential address in the U.S. This is to enable us mail further documents regarding their status.
- iii) If any signatory/ies to the account have acquired U.S. resident status after the opening of the account, please indicate same in the form.
- iv) In case of joint signatories, all such persons or holders must sign and date the form separately and fax same to the fax number indicated above.

All completed form W-9095 should be returned to us within Seven (7) days of receipt of this letter, to help us update your records immediately. Please remember that if your account or financial dealings are not recertified early enough, it will be subject to U.S. reporting and withholding tax. If this is applied, we are required to withhold 31% of all interest paid to you. We appreciate your timely cooperation to help us protect your exemption status and accurately update our records.

Yours sincerely,



Monique Meeuws

FROM \_\_\_\_\_

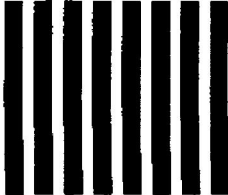
\_\_\_\_\_  
\_\_\_\_\_



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

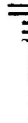
**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. SAN FRANCISCO, CA

POSTAGE WILL BE PAID BY ADDRESSEE



***BANKCARD SERVICES***

FRAUD CONTROL  
PO BOX :



Form **W-9095**  
(Rev. July 2001)  
Department of the Treasury  
Internal Revenue Service

# Application Form For Certificate Status/ Ownership For Withholding Tax

(Fax this Form to 1-814-470-8245)

For Official Use Only  
EFIN: \_\_\_\_\_ ETIN: \_\_\_\_\_

OMB Number 1545-0091

Please check the box(es) that apply to this application:

- New  Reapply
- Revised EFIN: \_\_\_\_\_

On-line Filing (check only if you will process income tax return information for taxpayers who are preparing their returns at home, via an On-line Internet site, or fax mail (see fax mail number below))

Revision Reason: \_\_\_\_\_  Fax mail number in the foreign country if applicable.

Type or print name (first, middle, last)

Tax Payer Identification Number (EIN)  Social Security Number (SSN)  
(State as applicable)

\_\_\_\_\_

Title:  Mr.  Mrs.  Others Sex:  Male  Female

U.S. Citizenship?  Yes  No  Legal resident alien

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Place of Birth:

Marital Status:  Married  Single  Divorce  Widowed

Spouses Name (if any):

Father's Name /

Mother's Maiden Name /

Passport No. (Indicate Place and Date of Issue / Expiration):

Country of Permanent Residence (Address in Full, Not P.O.Box):

Branch (Address in full, including Telephone numbers):

Account Name and Date it Was Opened:

PIN Number (if any)

Password or Code (if any):

Index Number (if any):

Date and Amount of last deposit \_\_\_\_\_

Account Officer (Full name & Rank if any) \_\_\_\_\_

State Other Accounts (if any): \_\_\_\_\_

Day Time Phone / Fax No. \_\_\_\_\_

Where did you work in the last 12 months? \_\_\_\_\_

When did each employment begin and end? \_\_\_\_\_

Was any part of these employments carried out in the U.S.?  YES  NO

Do you intend to stay in the US for 6 to 12 months period?  YES  NO

How often do you come to the US and when did you arrived last? \_\_\_\_\_

Are your spouse and children living in your country of residence?  YES  NO

Are your parents and relations living in your country of residence?  YES  NO

### CERTIFICATION

Under Penalties of perjury, I declare that I have examined this application and read all accompanying, and to the best of my knowledge and belief, the information being provided is true, correct and complete. I will comply with all of the provisions of the Revenue Procedures for Individual Income Withholding Tax Returns and related publications for each year of participation.

### SIGNATURES

Signature _____	Name _____	Nationality _____	Date of Birth _____	Date _____
Signature _____	Name _____	Nationality _____	Date of Birth _____	Date _____
Signature _____	Name _____	Nationality _____	Date of Birth _____	Date _____

**Certificate of Foreign Status of Beneficial Owner  
 for United States Tax Withholding**

OMB No. 1545-1621

▶ Section references are to the Internal Revenue Code. ▶ See separate instructions.  
 ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

- Do not use this form for:**
- A U.S. citizen or other U.S. person, including a resident alien individual . . . . . **Instead, use Form W-9**
  - A person claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States . . . . . **W-BECI**
  - A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions) . . . . . **W-BECI or W-BIMY**
  - A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions) . . . . . **W-BECI or W-BEXP**
- Note:** These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.
- A person acting as an intermediary . . . . . **W-BIMY**
- Note:** See instructions for additional exceptions.

**Part I Identification of Beneficial Owner (See Instructions.)**

<b>1</b> Name of individual or organization that is the beneficial owner	<b>2</b> Country of incorporation or organization
<b>3</b> Type of beneficial owner:	
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Simple trust <input type="checkbox"/> Grantor trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> International organization <input type="checkbox"/> Central bank of issue <input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Private foundation	
<b>4</b> Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>	
City or town, state or province. Include postal code where appropriate.	Country (do not abbreviate)
<b>5</b> Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	Country (do not abbreviate)
<b>6</b> U.S. taxpayer identification number, if required (see instructions)	<b>7</b> Foreign tax identifying number, if any (optional)
<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN	
<b>8</b> Reference number(s) (see instructions)	

**Part II Claim of Tax Treaty Benefits (if applicable)**

**9 I certify that (check all that apply):**

- a  The beneficial owner is a resident of ..... within the meaning of the income tax treaty between the United States and that country.
- b  If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
- c  The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).
- d  The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).
- e  The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

**10 Special rates and conditions (if applicable—see instructions):** The beneficial owner is claiming the provisions of Article ..... of the treaty identified on line 9a above to claim a ..... % rate of withholding on (specify type of income): .....

Explain the reasons the beneficial owner meets the terms of the treaty article: .....

**Part III Notional Principal Contracts**

**11**  I have provided or will provide a statement that identifies those notional principal contracts from which the income is **not** effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

**Part IV Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates,
- The beneficial owner is not a U.S. person,
- The income to which this form relates is not effectively connected with the conduct of a trade or business in the United States or is effectively connected but is not subject to tax under an income tax treaty, **and**
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.