

# Not in possession of Chelsea card lost/stolen/retained/not received



Please complete this form in **block capitals** and return to:

Chelsea Building Society, Thirlestaine Road, Cheltenham, Gloucestershire GL53 7AL

Name of card holder:	Account number:	
<input type="text"/>	<input type="text"/>	
Daytime telephone number		
<input type="text"/>		
I declare that my Chelsea card has been: (Please tick box A, B, C, D or E). A new card and PIN will be ordered upon receipt of this complete form		
<input type="checkbox"/> <b>A</b> Lost (complete section 2)	<input type="checkbox"/> <b>B</b> Stolen (complete sections 1 and 2)	<input type="checkbox"/> <b>C</b> Retained in a cash machine (complete section 2)
<input type="checkbox"/> <b>D</b> Not received in the post (complete section 2)	<input type="checkbox"/> <b>E</b> Other reason (please specify):	<input type="text"/>

## Section 1

<b>Details of loss/theft (please complete as fully as possible):</b>	
Date and time (approx.):	<input type="text"/>
Address/location:	<input type="text"/>
Circumstances:	<input type="text"/>
Date informed police:	<input type="text"/>
Police station:	Crime ref. no:
<input type="text"/>	<input type="text"/>
<b>Important additional information:</b>	
Was your Chelsea card stolen with your Chelsea chequebook: (Please tick box A or B)	
<input type="checkbox"/> <b>A</b> Yes (please complete details below)	<input type="checkbox"/> <b>B</b> No
<b>Details of last cheque drawn on this account before the loss/theft are as follows</b>	
Payee:	Amount:
<input type="text"/>	<input type="text"/>
Cheque no:	Date of cheque:
<input type="text"/>	<input type="text"/>

## Section 2

<b>Declaration:</b> In the event of the Chelsea card being found I undertake to return it immediately to Chelsea.	
<b>Signature:</b>	
<input type="text"/>	
Date	
<input type="text"/>	

Web version

## For office use only

ACC05 hot card (H)	Initials	Branch	Date									
Processed by:	<input type="text"/>	<input type="text"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y					
<b>Important</b>	Initials	Time	Advised to	Date								
ATM Section advised by phone:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y					
ACC05 new card and PIN (N)	Initials	Branch	Date									
Signature checked by:	<input type="text"/>	<input type="text"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y					
Order processed by:	<input type="text"/>	<input type="text"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y					
Checked by:	<input type="text"/>	<input type="text"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y					

## For Head Office use only

Referral made: (Tick as appropriate)	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Processed by:	Initials <input type="text"/>	Date <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			