

# INSTRUCTIONS FOR REFUND CLAIM FORM



AMERICAN EXPRESS CO.  
Global Prepaid Services  
4315 S. 2700 W.  
Salt Lake City, UT 84184-0407 USA  
Toll Free: 1.800.221.7282  
Fax: 1.800.417.0060

## CUSTOMER CLAIM PROCESS

Use the corresponding line numbers to complete the information on the Claim Form.

**Print clearly and legibly on the form. ALL boxes 1-19 must be completed.**

1. Claimant LAST NAME, FIRST NAME, MIDDLE NAME
  - 1a. Other NAME, if applicable: Intended Recipient for Gift Cheques or the Co-Owner of Cheques for Two
2. Claimant HOME TELEPHONE NUMBER
3. Contact PHONE NUMBER
4. Claimant DATE OF BIRTH (MM/DD/YYYY)
5. Complete SOCIAL SECURITY NUMBER or SOCIAL INSURANCE NUMBER
6. Claimant EMAIL ADDRESS
7. Claimant PERMANENT ADDRESS, CITY, STATE/PROVINCE, ZIP/POSTAL CODE, COUNTRY
8. Claimant MAILING ADDRESS
9. Claimant EXPLANATION OF LOSS. PROVIDE DATE/TIME, LOCATION and DETAILED CIRCUMSTANCES surrounding the cheque loss. Provide investigating police details and case number, if obtained.
10. LOST/STOLEN CHEQUE NUMBERS. Begin with the first cheque in a series. Write the last THREE digits in the cheque series in the TO (INCL) field. Also note where the last three digits contain or exceed 9-999; be sure to use the correct digits.
11. Claimant STATEMENT STATUS of cheque Signatures/Countersignatures at the time of loss.
12. DATE OF PURCHASE when the cheques were originally obtained.
13. AMOUNT OF PURCHASE or total face value in cheque currency (US Dollars, Euro, Yen, etc)
14. WHERE PURCHASED. If bank, list branch details, i.e., street, city, state.
15. ADDRESS, CITY, STATE/PROVINCE, COUNTRY of Selling Outlet.
16. TOTAL AMOUNT OF REFUND
17. Verification of Claimant IDENTIFICATION TYPE and NUMBERS. (Drivers License, Passport, American Express Card number (if available), etc. List two or more sources.
18. PRINT THIS FORM
19. SIGN and DATE the form. Use the same signature as you originally signed your Travelers Cheques.

### Note:

- If the claim is approved for a refund, a company check will be sent by regular mail to your home or mailing address. Please allow 21 business days.
- If the refund can not be immediately approved, you will be notified by phone, letter or email.

AMEX # (Office Use) \_\_\_\_\_



# REFUND CLAIM FORM FOR LOST OR STOLEN TRAVELERS CHEQUES

Form 1857/CSRA  
Fax Revised 03/10

1. (PLEASE PRINT) LAST NAME												FIRST NAME												MIDDLE NAME																							
1a. OTHER NAME																																															
2. HOME PHONE ( )																		3. DAYTIME CONTACT PHONE ( )																													
4. DATE OF BIRTH (MM/DD/YYYY)																		5. SOCIAL SECURITY NUMBER																													
6. EMAIL ADDRESS																																															
7. PERMANENT ADDRESS																																															
STREET:																																															
CITY :												STATE/PROVINCE:												ZIP/POSTAL:												COUNTRY:											
8. MAILING ADDRESS (IF DIFFERENT FROM PERMANENT)																																															
9. PROVIDE THE LAST SEEN DATE, LOCATION AND DETAILED CIRCUMSTANCES OF LOSS. LIST MISSING ITEMS AND/OR IDENTIFICATION:																																															
10. PREFIX LETTERS AND #S OF TRAVELERS CHEQUES LOST/STOLEN:																		11. THE LOST TRAVELERS CHEQUES WERE: (CHECK ONE)																													
LETTERS																		NUMBERS: FROM → TO (INCL)																													
R	B	1	2	3	4	5	6	7	8	9	7	9	1	<input type="checkbox"/> SIGNED BY ME ONLY IN THE UPPER LEFT CORNER. <input type="checkbox"/> SIGNED BY ME IN THE UPPER LEFT CORNER AND COUNTERSIGNED BY ME IN THE LOWER LEFT CORNER. <input type="checkbox"/> NEITHER SIGNED NOR COUNTERSIGNED BY ME IN THE UPPER LEFT OR LOWER LEFT CORNER.																																	
														12. DATE OF PURCHASE									13. AMOUNT OF PURCHASE																								
														14. WHERE PURCHASED (IF BANK, LIST BRANCH DETAILS)																																	
														15. ADDRESS						CITY						STATE/PROV						CTRY															
16. TOTAL AMOUNT OF REFUND																																															
17. LIST TWO TYPES OF IDENTIFICATION: DRIVERS LICENSE NUMBER, PASSPORT NUMBER, AMEX CARD NUMBER (IF AVAILABLE)																																															
<b>STATEMENT AND AGREEMENT</b> By signing below, I represent that I read and agreed to the terms of the Issuer(s); purchase agreement when purchasing the Travelers Cheques listed above ("The Cheques"). These Cheques are now lost or stolen. •I agree to fully assist American Express Travel Related Services Company, Inc., ("Company") in its investigation of this matter. •I did not receive any value of these Cheques. I did not negotiate or transfer the Cheques to any person, and I did not part with them voluntarily. •I did not part with these Cheques in connection with a game of chance, wager, confidence games or illegal transaction. •These Cheques were not seized or confiscated by governmental action. Unless otherwise indicated above, I DID sign these Cheques in the upper left corner, but I DID NOT countersign these Cheques in the lower left corner prior to the loss or theft. INTENTIONALLY MAKING A FALSE STATEMENT IN ORDER TO OBTAIN A FRAUDULENT REFUND MAY BE A CRIME.																		• Any signature appearing in the lower left corner is a forgery. • In consideration of the payment of this refund, I agree to reimburse the Issuer(s) for its payment to any presenter of the face value of any Cheque I reported lost or stolen where I failed to sign the Cheque in the upper left corner and countersigned it in the lower left corner prior to the loss or theft. In addition to my reimbursement to the Issuer(s) of the face value of any Cheque, I further agree to reimburse the Issuer(s) for any loss, liability or expense which it has incurred or will incur, as a result of the loss or negotiation of the Cheque or of this refund payment to me. • I understand that the Issuer(s) cannot stop payment on any Cheque which I reported lost or stolen and owes me no obligation to refuse to pay any Cheque presented for payment. • If I recover any Cheque I reported lost or stolen, I agree to return that Cheque to the Issuer, as appropriate.																													
I hereby ask American Express Travel Related Services, INC. its Issuers or agents (the "Entity/Entities) further as "American Express" to pay the amount of _____ (in words), in the Currency of _____ (in words) in the form of an American Express Company Check as a full and final settlement for the entirety of my claim for lost or stolen Travelers Cheques, whose numbers have been listed above and all other claims relating to the said loss of the Travelers Cheques, together with all interest, charges, costs and expenses relating thereto.																																															
18. PRINT THIS FORM, THEN SIGN AND DATE IT. USE THE SAME SIGNATURE AS YOU SIGNED ON YOUR TRAVELERS CHEQUES.																																															
19. SIGNATURE OF CLAIMANT																		TODAY'S DATE																													

IMMEDIATELY FAX A COPY OF THIS FORM AND A COPY OF THE PURCHASERS APPLICATION FORM(S) TO: 1.800.417.0060