

AFFIDAVIT OF LOSS

I, \_\_\_\_\_, of legal age, \_\_\_\_\_ (status),  
\_\_\_\_\_ (nationality) and with residence and postal address at \_\_\_\_\_, after having been  
duly sworn to according to law, depose and say that:

1. I am a holder of a PurchasePlus Installment Credit Card and Chargebook with account no.

-

-

-

2. The above credit card and chargebook has been lost/misplaced/stolen (circle one) since \_\_\_\_\_ (mm/dd/yy).

3. My last transaction was made on the following date/s, place/s with amounts as started below:

Date	Place	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. I have searched for the card, but have not been able to find it.

5. I agree that a reporting period of at least three (3) working days is given to PurchasePlus Corporation (PPC) to disseminate to accredited establishments the required information of my lost card & chargebook and any and all unauthorized purchases made and charges incurred arising from the use of the lost card & chargebook before and after this form is duly received by PPC within the warranted reporting period of three (3) working days shall be for my exclusive account which I am liable for.

6. If the card and chargebook is found, I promise to return it.

7. I authorize PPC, or any of its certified representatives, to do whatever is deemed necessary to prevent any fraudulent use of the lost card and chargebook.

8. Replacement of my lost card and chargebook shall be at the option of PPC. There will be either a replacement fee or a lost/ recovered fee for my lost card and chargebook.

IN WITNESS WHEREOF I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, Philippines.

AFFIANT

SUBSCRIBED AND SWORN to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, Philippines. The affiant exhibited to me his/her Residence Certificate No. \_\_\_\_\_, issued at \_\_\_\_\_ on \_\_\_\_\_.

NOTARY PUBLIC  
UNTIL DECEMBER 31, 20\_\_  
PTR. NO. \_\_\_\_\_

DOC. NO: \_\_\_\_\_  
PAGE NO: \_\_\_\_\_  
BOOK NO: \_\_\_\_\_  
SERIES OF \_\_\_\_\_

FOR PURCHASEPLUS USE ONLY  
Received original copy of this Affidavit of loss

Received By: \_\_\_\_\_  
(Signature over Printed Name)

Date Received: \_\_\_\_\_