

Lost or Stolen E-Cards

IMPORTANT NOTES:

Complete this form to report the loss or theft of your Identity Card or Civilian Registration Card. Please complete the form in **CAPITAL LETTERS** using a biro and writing only within the boxes.

SECTION 1 - Give details of the person as they appeared on the card

| Title: - please cross (x) the relevant box | | | | | | | | | | | | (Please state) | | | | | | | | | | | |
|--|--------|----------|------|-------|---|----|-------|------|---|--|--|----------------|----|-----|-------|-----|-----------|---|---|--|---|---|----------|
| Mr | X | Mrs | X | Miss | X | Ма | aster | ther | | | | | | | | | | | | | | | |
| Name | _ | | | | | | | | _ | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Surna | ame, a | as state | d in | card: | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Date | of bir | th: | | | | | | | | | | | | | | | | | | | | | |
| DI | D | MM | | YY | Y | Y | | | | | | | | | | | | | | | | | |
| Addre | ess: | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone Number: (Home) | | | | | | | | | | | | one | Nu | mbe | ər: (| Mol |) Dile |) | • | | • | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Email | Addı | ress: | | | | • | | | | | | | | | | | | | | | • | · | <u> </u> |

SECTION 2 - Details of what has happened to the card



Date of Loss/Theft:



Where has the card been Lost/Stolen:

How was the card Lost/Stolen:

SECTION 3 - Police Report

| <u>Has a p</u> | Has a police report been filed? Please cross (x) the relevant box | | | | | | | | | | | | | | | хc |
|----------------|---|----|--|--|---|--|---|---|--|--|--|--|--|--|--|----|
| Yes | X | No | | | X | | | | | | | | | | | |
| If it has | If it has, state the date of the report: | | | | | | | | | | | | | | | |
| D D | | М | | | Y | | Y | Y | | | | | | | | |
| Police | Police station where it was reported: | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

SECTION 4 - Name of person completing this form

If you are completing this form on behalf of a child under 15, you must have parental responsibility for the child. This form should not be used where there is a parental dispute over the possession of a child's card.

| Nar | ne: | | | | | | | | | | | | | | | | | | | | |
|-----|------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | |
| Sur | Surname: | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Rel | Relationship to card holder: | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

SECTION 5 - Declaration

I understand that completing and returning this form will result in the related card being cancelled, that it must never be used again and, if subsequently found, it should be returned to the Department of Immigration & Home Affairs.

I also understand that I will need to make a separate application if I wish to replace the card declared lost or stolen.

The information on this form is true to the best of my knowledge and belief and I understand that I shall be liable to prosecution if I include anything that I know to be false or do not believe to be true.

I understand that the information given by me will be treated in confidence, held and used in accordance with the General Data Protection Regulation 2018. This information may be shared and submitted for checking against records held by other Government departments, agencies, authorities and the police.

| Signature: | Date: | D | D | Μ | Μ | Y | Y | Y | Y |
|------------|-------|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

SECTION 6 - Where to send the form

Fully completed forms must be taken or sent to:

Department of Immigration & Home Affairs 2nd Floor, Leanse Place 50 Town Range Gibraltar GX11 1 AA