



**EXTENDED WARRANTY  
Service Request Form**

POLICYHOLDER: MASTERCARD INTERNATIONAL Inc. | POLICY NUMBER:  
EMAIL:

**INSTRUCTIONS**

COMPLETE AND SIGN THIS SERVICE REQUEST FORM

RETURN THIS FORM TO:	CHARTIS MEMSA Insurance Company (Kuwait Branch) 5th Floor, Al-Kharafi Tower Hamad Al Saqr St. Kuwait City - Kuwait +965 - 2247 4264 Tel: +965 2247 4260 / 1 / 2 / 3 Fax:
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IN ADDITION TO THE CLAIM FORM, THE FOLLOWING ITEMS ARE REQUIRED:

- 1) copy of purchase receipt showing payment of the item was made entirely with the Eligible Card;
- 2) legible copies of all warranty information including, but not limited to: the manufacturer's original warranty; the store warranty; or any other applicable extended warranty;
- 3) Cardholder's statement of account showing the account is open and in good standing at the time of filing the service request.

\* Cardholders may be required to send in the damaged item(s), at their expense, for further evaluation.

**CARDHOLDER INFORMATION**

CARDHOLDER NAME:	DATE OF BIRTH:	GENDER:
DAYTIME PHONE NUMBER:	ALTERNATE PHONE NUMBER:	E-MAIL:
CARDHOLDER ADDRESS:		

**BANK & CARD INFORMATION:**

BANK NAME:	
CARD TYPE:	CARD BIN NUMBER (first six (6) digits of account):
EFFECTIVE DATE OF CARD	TERMINATION DATE OF CARD
IS YOUR CARD ACCOUNT CURRENTLY OPEN AND IN GOOD STANDING?	
YES	NO

**PRODUCT INFORMATION**

PRODUCT BRAND / TYPE/ COMPLAINT	MODEL / SERIAL NUMBER	PLACE PURCHASE	PURCHASE PRICE
		CITY	
		COUNTRY	

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE	DATE
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THE FURNISHING OF THIS FORM, OR ITS ACCEPTANCE BY THE COMPANY, MUST NOT BE CONSTRUED AS AN ADMISSION OF ANY LIABILITY ON THE COMPANY,  
NOR A WAIVER OF ANY OF THE CONDITIONS OF THE INSURANCE CONTRACT.