



Fraud-Victims Compensation Application Form

Please complete this form to help us understand your situation. The information you provide will be treated with the utmost confidentiality. Our team will use these details to assist you in the best possible way.

Full Name: _____

Date of Birth: _____

National ID / Passport Number: _____

Phone Number: _____

Email Address: _____

Residential Address: _____

Preferred Contact Method: Phone / Email

Date of Incident: _____

Type of Scam (e.g. Online, Investment, Romance, Business, Other): _____

Amount Lost (if applicable): _____

Description of How You Were Duped: _____

Have you reported this to the Police / Bank / Other Authority? (Yes/No): _____

If Yes, Please Provide Details / Reference Number: _____

Additional Information You'd Like to Share: _____

Please attach a clear copy of your National ID / Passport for verification.

I declare that the information provided above is true and correct to the best of my knowledge. I have attached a valid copy of my National ID / Passport for verification purposes.

Signature: _____ Date: _____