

Verification form for identity theft and mistaken identity



Changing finances
for the better.

EOS Deutscher Inkasso-Dienst GmbH

20085 Hamburg

Date:

I hereby submit to **EOS Deutscher Inkasso-Dienst GmbH** the following data with a request for verification of the facts. I am under no obligation to cooperate further. I am providing all information voluntarily.

I have already been affected by identity theft in an EOS transaction:

Yes

No

Claim number::

Personal data

First name:

Surname, birth name if applicable:

Date of birth:

Name change since:

Current address

Street and house number:

Postcode and city:

Since:

Previous address

Street and house number:

Postcode and city:

Since:

Date, place:

Signature:

(For digital signing you can also use the Acrobat „Fill & Sign“ feature.)

Please return the completed form to us:

By E-mail:

service@eos-did.com

By post:

EOS Deutscher Inkasso-Dienst GmbH
Steindamm 71
20099 Hamburg