



Document on English

## Supplementary form for a police report

Dear Sir or Madam,

Please use this form if you have become an injured party in connection with a relevant CFD platform.

Please fill in all fields and send the form to **your local police station**. We would like to explicitly point out that this form is only an aid for a further report to your local police station.

**The form in no way replaces an official report.**

### 1. Personal data of the injured party

Please fill in your personal information regarding the incident into the following fields

Forename	
Surname	
Date of birth	
Place of birth	
Street	
House number	
ZIP Code	
City	
Phone	
E-Mail-address	

### 2. Incident

Crime date from	
Crime date until	
URL of the platform	

**3.  
Payment targets**

Actual amount of loss	
Amount claimed (Incl. profits)	
Do you have payment targets? Where did your money went?	
Payment target 1	
Payment target 2	
Payment target 3	
Payment target 4	
Payment target 5	
Payment target 6	

**4.  
Free text facts**

Do you have any other additions to the facts?

Facts	