



Investigation Request Form

To ensure that your identity theft investigation request is properly filed with GM Financial, please provide the following information: **(please print clearly)**

GM Financial Account Number: _____

Victim's Full Name: _____

Victim's Social Insurance Number:
(optional) _____

Victim's Mailing Address: _____

Home Telephone Number: _____

Work Telephone Number: _____

E-Mail Address (optional): _____

Please provide details of the circumstances surrounding the identity theft or consumer fraud claim below.

Victim's Signature