

# Law Enforcement Referral Form



Date: \_\_\_\_\_

## Law Enforcement Agency Information

Agency: \_\_\_\_\_

I am a representative of the above law enforcement agency that is reporting the illegal goods, services, and/or activity.

Please complete your contact information below.

Name and Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Illegal Activity Information

I hereby confirm that the website or webpage located at the following URL(s) (the "Website") sells, offers for sale, or makes available goods and/or services that are illegal.

Please complete this information if it is available.

Merchant Name: \_\_\_\_\_

Merchant Contact Information: \_\_\_\_\_

URL(s):  
• \_\_\_\_\_  
• \_\_\_\_\_  
• \_\_\_\_\_

Description of the illegal activity:

Illegal goods or services being offered for sale (list each separately and provide the specific URL path). Please attach a separate document if more than three:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

If a card present merchant, also provide:

Merchant Business Type: \_\_\_\_\_

Merchant Address: \_\_\_\_\_

Attachments:  Screen Shots  Other: \_\_\_\_\_

If a purchase was performed with a Mastercard card, provide:

- Billing Descriptor (as reflected on the cardholder statement): \_\_\_\_\_
- PAN (Primary Account Number): \_\_\_\_\_
- Expiration Date: \_\_\_\_\_
- CVC: \_\_\_\_\_
- Transaction Amount: \_\_\_\_\_
- Transaction Currency: \_\_\_\_\_
- Transaction Date: \_\_\_\_\_

- Agency requests Mastercard to take immediate action to cease the illegal activity.
- Agency requests Mastercard to investigate but not take action or notify the financial institution until official notification from this agency.

**Referral Instructions**

This document must be completed and submitted by law enforcement to report illegal activity. Law enforcement should endeavor to complete as many of the fields on this referral as possible based on all information known about the event.

Submit to the following by email as per the referral type:

[ipinquiries@mastercard.com](mailto:ipinquiries@mastercard.com) if the illegal activity is related IP/Counterfeit; or [bram@mastercard.com](mailto:bram@mastercard.com) or all other illegal activity types

Submit all of the following by email:

- Completed referral form (password-protected if providing the PAN)
- All required documentation requested herein
- The password for the completed referral form (in a separate email, if providing the PAN)

By submitting this notice to Mastercard, I declare that all of the information contained in this referral is accurate and that the use of the product, service and or activity described above, in the manner I have reported, is illegal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_