CARD SERVICES DISPUTE CLAIM FORM

Post: Email: Fax:

This form will be returned if incomplete, or supporting documentation is not supplied

Please complete the form in full and return it to us by post, e-mail or fax to the details given below. If we do not receive the form within 30 days, we assume you no longer wish to proceed with the dispute and your case will be closed

COMPLETING THIS FORM						
<u>ATM:</u> If your dispute relates to an ATM not paying out the correct amount you requested, please only complete Section 1, 2 and 6 of this form						
ALL OTHER DISPUTES: For all other disputes, please complete the form in full						
SECTI	ON 1. VOLID DE	PSONAL D	ETAILS (Registered with	Rank)		
CARDHOLDER NAME	ON II TOOK FE	INSONAL D	LIAILS (Registered With	Dankj		
CARDHOLDER ADDRESS						
CARD TYPE (DEBIT / PREPAID / CREDIT)						
CARD NUMBER						
MOTHER'S MAIDEN NAME						
CONTACT PHONE NUMBERS			HOME			
			MOBILE			
EMAIL ADDRESS			TEMPORARY			
LMAIL ADDRESS	SECTI	ON 2: DET	AILS OF DISPUTE			
TRANSACTION	MERCHANT NAME	ON 2. DETA	TRANSACTION REF NUMBER	AMOUNT		
DATE	MERCHANT NAME		TRANSACTION REL NOMBER	AMOUNT		
57112						
Diana continua on	the very end of this	- fauna au ana	than shoot if wassessmi			
Please continue on			ther sheet if necessary ARD DETAILS			
Did you sign the card		ı	ARD DETAILS			
Did you sign the card? If 'no' please explain why		Yes / No				
Where did you last use the card?						
What date and time did you last use the						
card? Is the card still in your possession?		Yes / No				
Could anyone have taken your card,		Yes / No				
used it and then replaced it? If yes,		-				
please provide details						
Do you keep a written copy of your PIN? If yes, please provide details		Yes / No				
Could your PIN be known to other persons? If yes, please provide details		Yes / No				
Do you know the person who did these		Yes / No				
transactions? If yes, please provide		,				
details						

Page 1 of 3 Version 0.2 DCF 17/09/2019

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SECTION 4: COMPLETE IF CARD IS <u>NOT</u> IN YOUR POSSESSION				
How has the card come to be out of your possession?	Lost / Stolen / retained in ATM / Not received in post / other (provide details)			
Please provide details of date and time:				
What other documents or personal property was lost or stolen at the same time?				

CECTION E COMPLETE TE CARR TO THE VOUR ROCCECCION				
SECTION 5: COMPLETE IF CARD <u>IS</u> IN YOUR POSSESSION What is the expiry date of the card?				
Have you ever given your card details to a third party?	Yes / No			
have you ever given your card details to a third party?	Yes / NO			
If yes, please provide details of who, when and the reason				
Have you ever used your card at any of the merchants	Yes / No			
where you are disputing the transactions?				
If yes, please provide details of your transactions and attach				
supporting documents such as receipts				
,				
Have you ever visited the country where the disputes	Yes / No			
took place?				
If yes, please provide details				
If the transactions happened after you had left the country,				
please provide travel related documents to show this				
When was the last time you used your card?				
When was the last time you asked your card.				
Please provide details of date, time, merchant name and location				
Could the purchase belong to another party on your	Yes / No			
account (secondary cardholder)?	163 / 100			
If yes, please provide details				
Have very arranged very and data its on the Takernat2				
Have you ever entered your card details on the Internet?	Yes / No			
If yes, please provide details including anyone else who has				
access to your computer				
Plance include any free convices or subscriptions you have sized				
Please include any free services or subscriptions you have signed up for				
Have you contacted the merchant in the attempt to	Yes / No			
resolve this issue?				
If yes, please provide supporting documents showing details including dates, method of contact and response from the				
merchant				
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Version 0.2 DCF 17/09/2019 Page 2 of 3

CARD SERVICES DISPUTE CLAIM FORM

Section 6: Details and Declaration				
Please provide the another sheet if n	e full circumstances surrounding your cl	aim in the space below (you may use the reverse form, or		
Have you informe	d the Police and/or your insurers?	Yes / No		
	vide details and attach supporting			
TC 1				
If no, please explain why:				
DECLARATION				
I, the undersigned, declare that all information contained within this statement is correct to the best of my knowledge. I understand that the information I have provided will be transmitted across national borders, will be used in undertaking possible fraud investigations, and may be passed to law enforcement agencies.				
Signed:				
Print Name:				
Date:				
ANYONE WHO	KNOWINGLY MAKES A FALSE STAT	MENT MAY BE SUBJECT TO CRIMINAL PROSECUTION		

When you have completed the form, please sign and return it to us by post, email or by fax to the details given below **Post**:

Email:

Fax:

Version 0.2 DCF 17/09/2019 Page 3 of 3