

## CARD SERVICES DISPUTE CLAIM FORM

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

**Post**: Fraud & Risk Management, Card Services, PO Box 36, Thorpe Wood, Peterborough PE3 6SB, United Kingdom

Email: cardservices@sbitravelcard.com

Fax: +44 1733 502370

## **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

	SECTION	I 1: YOUR F	PERSONAL DETAILS			
CARDHOLDER NAME						
CARDHOLDER ADDRE	SS					
CARD NUMBER						
CONTACT PHONE NUM	MBERS		HOME			
			MOBILE			
			TEMPORARY			
EMAIL ADDRESS						
SECTION 2: DETAILS OF DISPUTE						
TRANSACTION	MERCHANT NAME		TRANSACTION REF NUMBER	AMOUNT		
DATE						
Please continue on	the reverse of this	form or ano	ther sheet if necessary			
	SE	CTION 3: C	ARD DETAILS			
Did you sign the card?		Yes / No				
If 'no' please explain why						
Where did you last use the card?						
What date and time did you last use the						
card?		Voc. / No				
Is the card still in your possession?		Yes / No Yes / No				
Could anyone have taken your card,		res / NO				
used it and then replaced it? If yes,						
please provide details  Do you keep a written copy of your		Yes / No				
PIN? <i>If yes, please provide details</i>		TCS / INU				
Could your PIN be known to other		Yes / No				
persons? If yes, please provide details						
Do you know the person who did these		Yes / No				
transactions? If yes, please provide						
details						

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## CARD SERVICES DISPUTE CLAIM FORM

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?				

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			
If yes, please provide details of who, when and the reason				
Have you ever used your card at any of the merchants where you are disputing the transactions?	Yes / No			
If yes, please provide details of your transactions and attach supporting documents such as receipts				
Have you ever visited the country where the disputes took place?  If yes, please provide details	Yes / No			
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?				
Please provide details of date, time, merchant name and location				
Could the purchase belong to another party on your account (secondary cardholder)?	Yes / No			
If yes, please provide details				
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				
Please include any free services or subscriptions you have signed up for				
Have you contacted the merchant in the attempt to resolve this issue?	Yes / No			
If yes, please provide supporting documents showing details including dates, method of contact and response from the merchant				

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## CARD SERVICES DISPUTE CLAIM FORM

Section 6: Details and Declaration				
Please provide the another sheet if no		nim in the space below (you may use the reverse form, or		
diother sheet if he	50033di y).			
Have you informed	the Police and/or your insurers?	Yes / No		
If yes, please providocuments:	ride details and attach supporting			
If no, please expla	in 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:	ug.			
Print Name:				
Date:				
ANYONE WHO	KNOWINGLY MAKES A FALSE STATE	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**: Fraud & Risk Management, Card Services, PO Box 36, Thorpe Wood, Peterborough PE3 6SB, United Kingdom

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