

#### 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: Disputes, Access House, Cygnet Road, Cygnet Park, Hampton, Peterborough PE7 8FJ, United Kingdom Email: disputes@borderlessprepaid.com

Fax: +44 (0)208 610 4820

### **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 1: YOUR PERSONAL DETAILS					
CARDHOLDER NAME					
CARDHOLDER ADDRESS					
CARD NUMBER					
CONTACT PHONE NUMBE	ERS		НОМЕ		
			MOBILE		
			TEMPORARY		
EMAIL ADDRESS SECTION 2: DETAILS OF DISPUTE					
		UN Z: DETA			
TRANSACTION DATE	MERCHANT NAME		TRANSACTION REF NUMBER	AMOUNT	
Please continue on the	e reverse of this fo	orm or anothe	er sheet if necessary		
	SEC	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?					
Is the card still in your possession?		Yes / No			
Could anyone have taken your card, used		Yes / No			
it and then replaced it? If yes, please					
provide details					
Do you keep a written copy of your PIN? If		Yes / No			
yes, please provide details Could your PIN be known to other persons?		Yes / No			
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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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			
<i>If yes, please provide details of your transactions and attach supporting documents such as receipts</i>				
Have you ever visited the country where the disputes took place?	Yes / No			
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?				
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			
<i>If yes, please provide details including anyone else who has access to your computer</i>				
<i>Please include any free services or subscriptions you have signed up for</i>				
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				



### CARD SERVICES DISPUTE CLAIM FORM

## Section 6: Details and Declaration

Please provide the full circumstances surrounding your claim in the space below (you may use the reverse form, or another sheet if necessary):				
Have you informed the Police and/or your insurers?	Yes / No			
If yes, please provide details and attach supporting documents:				
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				
ag	encies.			
Signed:				
Print Name:				
Date:				
ANYONE WHO KNOWINGLY MAKES A FALSE STATEMENT 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				

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