

You **must** return the completed form no later than 45 days after the statement date when the disputed transactions were charged.

✉ Mail the completed form to: **GPO Box 4263, SYDNEY NSW 2001**

📠 Fax to: **(02) 8987 5956**

✉ Email to: **cardoperations@hsbc.com.au**

ACCOUNT HOLDERS DETAILS

First name(s) <input type="text"/>		Surname <input type="text"/>	
Daytime phone number <input type="text"/>	Account/Card number <input type="text"/>		
Name of cardholder, if different to account holder <input type="text"/>		Customer email address <input type="text"/>	

TRANSACTIONS IN DISPUTE (Complete details where known)

1	Date <input type="text"/>	Time <input type="text"/>	Amount \$ <input type="text"/>	Description <input type="text"/>
	Location Store <input type="checkbox"/> ATM <input type="checkbox"/> Bank <input type="checkbox"/>	Type of device Credit Card <input type="checkbox"/> Visa Debit Card <input type="checkbox"/> ATM <input type="checkbox"/> Security token <input type="checkbox"/>	Access code(s) PIN <input type="checkbox"/> Phone banking access code <input type="checkbox"/> PIB access code <input type="checkbox"/> Code from security token <input type="checkbox"/>	
2	Date <input type="text"/>	Time <input type="text"/>	Amount \$ <input type="text"/>	Description <input type="text"/>
	Location Store <input type="checkbox"/> ATM <input type="checkbox"/> Bank <input type="checkbox"/>	Type of device Credit Card <input type="checkbox"/> Visa Debit Card <input type="checkbox"/> ATM <input type="checkbox"/> Security token <input type="checkbox"/>	Access code(s) PIN <input type="checkbox"/> Phone banking access code <input type="checkbox"/> PIB access code <input type="checkbox"/> Code from security token <input type="checkbox"/>	
3	Date <input type="text"/>	Time <input type="text"/>	Amount \$ <input type="text"/>	Description <input type="text"/>
	Location Store <input type="checkbox"/> ATM <input type="checkbox"/> Bank <input type="checkbox"/> Other <input type="checkbox"/>	Type of device Credit Card <input type="checkbox"/> Visa Debit Card <input type="checkbox"/> ATM <input type="checkbox"/> Security token <input type="checkbox"/>	Access code(s) PIN <input type="checkbox"/> Phone banking access code <input type="checkbox"/> PIB access code <input type="checkbox"/> Code from security token <input type="checkbox"/>	

* A reference to an access code includes a PIN, PIB Password, Phone Banking access code and/or Code from a security token.

LOST/STOLEN/MISUSED DEVICES AND/OR ACCESS CODE(S)

What was lost/stolen/misused?
 Device(s) Access code(s)

Date lost/stolen/misused <input type="text"/>	Time lost/stolen/misused <input type="text"/>	Date HSBC advised <input type="text"/>	Time HSBC advised <input type="text"/>
Date police advised <input type="text"/>	Time police advised <input type="text"/>	Police report number <input type="text"/>	

Where and how did the breach occur e.g. housebreak in or stolen wallet?

LOST/STOLEN/MISUSED DEVICES AND/OR ACCESS CODE(S) *continued*

Did anyone else have access to your device or did you disclose your access code(s) to anyone?

No Yes Please explain how this happened in the space provided below

Did you record your access code(s)?

No Yes Please explain how and where was the record kept in the space provided below

Was your card signed?

No Yes

DETAILS IN DISPUTE

Give details of why the transaction is being disputed or what aspect is being disputed. Specify any relevant surrounding circumstances and steps taken to ensure the security of the device and access code(s).

Give details of the last transaction(s) authorised by you using the facility

Date	Amount	Location
DD / MM / YY	\$	Store <input type="checkbox"/> ATM <input type="checkbox"/> Bank <input type="checkbox"/>
DD / MM / YY	\$	Store <input type="checkbox"/> ATM <input type="checkbox"/> Bank <input type="checkbox"/>
DD / MM / YY	\$	Store <input type="checkbox"/> ATM <input type="checkbox"/> Bank <input type="checkbox"/>

Please provide a copy of the following:

- Statement where the transaction appears – indicate the transaction(s) being disputed as well as the last authorised transaction performed on the card.
- The EFTPOS receipt, ATM receipt, payment receipt or sales voucher
- Any documentation which may support your claim.

SIGNATURE

I confirm that neither I nor any additional cardholder:

- in any way authorised any transaction being disputed in this claim; or
- are aware that any amount disputed in this claim is in fact the correct charge; and
- have kept a permanent record of the PIN for this card, other than as disclosed in this form; and
- have disclosed the PIN for this card to anyone, other than as disclosed in this form.

I acknowledge that HSBC may refer false claims to the police for investigation.

I consent to HSBC providing relevant third parties with copies of this form and supporting documents as part of the activities required to investigate and resolve this dispute. I understand that this may include personal information contained in such documents.

I consent to HSBC communicating electronically with me, including sending and receiving (a) product disclosure statements, terms and conditions, financial services guides and other contractual documentation; (b) statements of my account; (c) notices and other documents from HSBC to me about my account(s)/product(s); (d) variations to the contract relating to my account(s)/product(s); and (e) notices from HSBC to me to my nominated email address and authorise HSBC to act on my electronic instructions. I confirm that I have read and agree to the Electronic Communication Consent on the reverse of this application form and I am aware of the risks of sending and receiving information via email. You may choose to opt-out of HSBC communicating with you electronically by contacting us on 1300 308 008.

I declare that the information provided in this form is true and correct to the best of my knowledge.

Customer/Primary Cardholder Signature

X

Date

DD / MM / YY