

**CARD SERVICES
DISPUTE CLAIM FORM**

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

Please complete in full and return to us by post, e-mail or fax to the address details given below. We urge you to complete and return this form to us within 30 days of initial notification of your dispute, as timeframes may affect the success of your claim.

Post: Disputes, Access House, Cygnet Road, Cygnet Park, Hampton, Peterborough PE7 8FJ, United Kingdom

Email: prepaidmgmt_ppc_disputes@mastercard.com

Fax: +44 (0)208 610 4820

COMPLETING THIS FORM

ATM: 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 NUMBERS	HOME
	MOBILE
	TEMPORARY
EMAIL ADDRESS	

SECTION 2: DETAILS OF DISPUTE

TRANSACTION DATE	ATM/MERCHANT NAME	TRANSACTION REF NUMBER	AMOUNT

Please continue on the reverse of this form or another sheet if necessary

SECTION 3: CARD DETAILS

Did you sign the card? <i>If 'no' please explain why</i>	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, used it and then replaced it? <i>If yes, please provide details</i>	Yes / No
Do you keep a written copy of your PIN? <i>If yes, please provide details</i>	Yes / No
Could your PIN be known to other persons? <i>If yes, please provide details</i>	Yes / No
Do you know the person who did these transactions? <i>If yes, please provide details</i>	Yes / No

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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? <i>If yes, please provide details of who, when and the reason</i>	Yes / No
Have you ever used your card at any of the merchants where you are disputing the transactions? <i>If yes, please provide details of your transactions and attach supporting documents such as receipts</i>	Yes / No
Have you ever visited the country where the disputes took place? <i>If yes, please provide details If the transactions happened after you had left the country, please provide travel related documents to show this</i>	Yes / No
When was the last time you used your card? <i>Please provide details of date, time, merchant name and location</i>	
Could the purchase belong to another party on your account (secondary cardholder)? <i>If yes, please provide details</i>	Yes / No
Have you ever entered your card details on the internet or mobile device? <i>If yes, please provide details including anyone else who has access to your computer or mobile device? Please include any free services or subscriptions you have signed up for</i>	Yes / No
Have you contacted the merchant in the attempt to resolve this issue? <i>If yes, please provide supporting documents showing details including dates, method of contact and response from the merchant</i>	Yes / No

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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):

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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 agencies.

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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