

CARD SERVICES DISPUTE CLAIM FORM

COMPLETING THIS FORM

- Please complete all applicable fields in this form
- **For ATM Disputes:** 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
- Information about your transactions including merchant name can be found on your online statement
- If you require more space, please use additional sheets of paper
- Attach all supporting documentation mentioned in this form Sign, date and return this form to avoid delay
 Return the completed form to:
Mail: 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
- Completed form **MUST** be received within 60 days, or we will assume you no longer wish to proceed with the dispute and your case will be closed
- For questions about completing this form, please contact our customer service team at: 1-877-465-0085.

SECTION 1: YOUR PERSONAL DETAILS

CARDHOLDER NAME	
CARDHOLDER ADDRESS	
CARD NUMBER: □□□□-□□XX-XXXX-□□□□(for security reasons, do not provide your full card number)	
CONTACT PHONE NUMBERS	HOME
	MOBILE
	TEMPORARY
EMAIL ADDRESS	

SECTION 2: DETAILS OF DISPUTE

TRANSACTION DATE	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

**CARD SERVICES
DISPUTE CLAIM FORM**

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

SECTION 4: COMPLETE IF CARD IS NOT 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 IS 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</i> <i>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

**CARD SERVICES
DISPUTE CLAIM FORM**

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

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

Affidavit of Fraud

Province of _____

City of _____

I, _____, residing at _____

Being duly sworn, say that my card was: (check one)

- _____ **LOST**
- _____ **STOLEN**
- _____ **NOT RECEIVED**
- _____ **CARD IN POSSESSION**
- _____ **OTHER (Please explain)**

Card Number: - XX - XXXX -

(For security reasons, do not provide your full card number)

**CARD SERVICES
DISPUTE CLAIM FORM**

I have included a listing of all fraudulent transactions and/or a statement copy, with the disputed transactions circled. In addition, any transactions billed on or after ____/____/____ are unauthorized. I did not make these transactions, and I did not receive any benefit from them.

I further agree that any information relating to the unauthorized use of the card may be provided to an investigative or prosecutorial agency. In addition, I will cooperate with parties involved in any investigation. I agree to assist in the prosecution of those found responsible.

I declare under penalty of perjury that the foregoing is true and correct. I understand that a false claim of fraud is a crime that I can be prosecuted for.

Primary cardholder signature: _____

Date: _____