

**CARD SERVICES
CORPORATE DISPUTE CLAIM FORM**

After the form is completed and signed, please ensure it is countersigned by an authorised company signatory and a valid email address is provided

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: prepaidmgmt_ppc_disputes@mastercard.com

Fax: +44 (0)208 610 4820

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
Do you keep a written copy of your PIN? <i>If yes, please provide details</i>	Yes / No
Have you informed the Police?	Yes / No
If yes, please provide details and attach supporting documents:	
If no, please explain why:	

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Section 4: 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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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.

ANYONE WHO KNOWINGLY MAKES A FALSE STATEMENT MAY BE SUBJECT TO CRIMINAL PROSECUTION

Cardholder Signature:	Name:	Date:
Company Signature:	Name:	Date:
	Email Address:	

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