

Card Transaction Dispute Declaration

Please fill in and sign this form (no electronic signature), email it to cards.support@dipocket.org and mail the original to: DiPocket Limited, Cards Support, Suite 532 Metal Box Factory, 30 Great Guildford Street, London, SE1 0HS, United Kingdom

Name and Address of Cardholder				
First name		Surname		
Address Line 1				
Address Line 2				
City	Postal code		Country	
Mobile phone number		Email address		
Last 4 digits of card for which the claim is lodged		Do you still have the card (Y/N)		
Disputed transaction details				
Transaction amount		Transaction date		Transaction time
Merchant name				
Merchant location				
ARN or RRN (to be filled-in by DiPocket)				
Claim details				
To assist our investigation, please indicate below the reason for your dispute (tick as applicable and provide further details in the free text space below):				
I neither made, colluded in, nor authorised, the above transaction(s)	There is a difference in the amount I authorised and the amount I was charged (please note a copy of your receipt must be enclosed)	This is a duplicate transaction, I only made one transaction and this was previously charged to my account on (please write date and details below)	I attempted to withdraw the amount from an ATM, no funds were dispensed but my account has been debited	The above transaction is mine, but I am disputing the transaction (please explain reason below)
Claim details (please feel free to provide additional details and supporting documentation as attachments)				
After our investigation, if it is found that the above transactions have been falsely reported we hold the right to debit your card any financial loss incurred by us and to report you to the police or other financial crime agencies for further prosecution. The details you provided may be used as evidence in the event of any police enquiry or court hearing.				
Claim confirmation				
_____, understand the possible consequences of false reporting and confirm to the best of my knowledge and belief, the information supplied on this form is correct and complete.				
Signed		Date		