

## DiPocket Card Transaction Dispute Declaration

*Please fill in this form, email it to [cards.support@dipocket.org](mailto:cards.support@dipocket.org) or alternatively print it out, sign it and send it to:  
DiPocket UAB, Cards Support, Lvivo str. 25-104, 09320, Vilnius, the Republic of Lithuania*

### Cardholder Details

Name and Surname:	
Full address:	
Telephone number:	
E-mail address:	

### Disputed transaction(s) details

Transaction 1	Date & time: Transaction amount: Merchant name and location/ATM: Last 4 digits of the card of your claim:
Transaction 2	Date & time: Transaction amount: Merchant name and location/ATM: Last 4 digits of the card of your claim:
Transaction 3	Date & time: Transaction amount: Merchant name and location/ATM: Last 4 digits of the card of your claim:
Transaction 4	Date & time: Transaction amount: Merchant name and location/ATM: Last 4 digits of the card of your claim:

*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):*

- (1) I did not make, authorise, instruct or otherwise collude in the above transaction(s)
- (2) 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)
- (3) 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)
- (4) I attempted to withdraw the amount from an ATM, no funds were dispensed but my account has been debited
- (5) The amount was deducted from my card, but no service/goods were received
- (6) I paid for the service/goods by other means (I enclose the evidence of alternate payment method)
- (7) The above transaction is mine, but I wish to dispute the transaction (please explain reason below)
- (8) Other (please explain below)

*Claim details (please feel free to provide additional details and supporting documentation as attachments)*

I confirm that to the best of my knowledge and belief the information I have provided is correct and complete.

Date:

Signature: