

HSBC Debit Mastercard - transaction dispute form

		REFERENCE NUMBER	
CARDHOLDER DETAILS:		(FOR CARD DISPUTES USE ONLY))
Cardholder name:			
Card number:	5 3 7 9 7 6		
Contact details:	EMAIL ADDRESS:		
	MOBILE NUMBER:		
	PHONE NUMBER:		
Customer indentification:	TYPE (E.G. DRIVER LICENCE)	NUMBER (E.G. I	LICENCE NMBER)
TRANSACTIONS TO BE DISPUTE	 D:		
Date of transaction:	Retailers name:		Amount of transaction:
	-		
Please select the most appropri	ate reason for disputing the transaction.	PLEASE CHOOSE ONLY ONE	:
Select one:	eason for dispute		Do you have evidence to support dispute?
I did authorise They were exp	this transaction, however, I have not receive ected on (date)	d any goods.	YES NO

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	I cancelled my subsciption on (date) By (please select) Email Phone Letter	YES NO
	I received advice that I would be refunded for the charge on but have not received the refund.	YES NO
	This is a possible duplication as I only authorised one transaction for	YES NO
	The amount I have been charged appears to be different to what I authorised . I authorised \$ but have been charged \$	YES NO
	I have alread paid for this purchase by other means (please describe how goods were paid for, and supply any proof of payment, e.g. paid by cash and a cash receipt).	YES NO
	I don't recognise the charge. I am unsure what this transaction is and would like more information, including the retailers name.	
	I have not authorised or participated in this transaction, nor have I received any goods or services from the retailer.	YES NO
	The goods and/or services that I have received are different from what I ordered / I believe them to be one of the following: Counterfeit Damaged Defective Wrong item received	YES NO
Customer sig		Date

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