

I authorised this transaction, however, the goods I received were not as described or defective.

What was purchased?	
Date goods received / /	
Describe how the goods are defective or not as described. Include any other relevant information. (Attach separate sheet if required.)	
Were the goods returned?	
Yes	Return Date / / How was it returned?
	Delivery address and or tracking number details
No	Why was it not returned?
	Where is it currently?
Note: Not as described or defective goods must be returned to the merchant, unless the merchant notifies otherwise.	
Have you attempted to resolve with the merchant? (Dispute cannot be processed if this information is missing)	
Yes	Date of most recent contact / /
	Name of merchant contact
	Contact method
	Merchant's response
No	Please explain why?

I have cancelled/attempted to cancel the merchant authority to deduct automatic payments from my account.

Date Authority cancelled / /	
Name of merchant contact (if known)	
How was merchant notified	
Reason for cancellation	
I have attached a copy of my request to the merchant to cancel the authority.	
Have you attempted to resolve with the merchant? (Dispute cannot be processed if this information is missing)	
Yes	Date of most recent contact (must be after the transaction date) / /
	Name of merchant contact (if known)
	How was merchant notified
	Merchant's response
No	Please explain why?

Overseas ATM Withdrawal – Incorrect payment or funds not received.

Financial Institution	
Date / /	Time am/pm
Amount requested \$	Amount received \$

Duplicated Transaction – I only authorised one of the transactions. (Possible duplication)

Date of original transaction: / /

Other – Please enter details below and provide copies of transaction receipts or other relevant documentation. EG: Paid by other means, refund not received, incorrect amount

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**Important: Please attach copies of any documents that support your claim.
Lack of documentation may delay resolution of your dispute.**

**THE INFORMATION YOU PROVIDE ENABLES US TO MAKE A DETERMINATION ON YOUR CLAIM
IT IS AN OFFENCE TO PROVIDE FALSE INFORMATION**

CUSTOMER DECLARATION

Cardholder's Signature	Date / /
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OFFICE USE ONLY

COMPLETE TICK BOXES AND OTHER INFORMATION	
Incident form completed in full	
Customer contact details are correct on TEAM	
Customer has signed the form	
Customer identified over the phone – form must still be signed	
Branch Name	Contact Centre
Employee name and payroll number	