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: prepaidmgt_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?  
If 'no' please explain why  
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?  
If yes, please provide details
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**

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<thead>
<tr>
<th>Cardholder Signature:</th>
<th>Name:</th>
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<tr>
<th>Company Signature:</th>
<th>Name:</th>
<th>Email Address:</th>
<th>Date:</th>
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