



DISPUTE FORM
VISA - MASTERCARD
DISPUTED TRANSACTION (NON FRAUDULENT)

Please complete the following questions as accurately as possible so that your dispute can be rapidly and efficiently dealt with.

More info • tel 02 727 87 02

I hereby want to dispute the transaction(s) made with my card Visa Card Mastercard

N°: X X X X X X Exp. date: . . / . . /

Customer ref. (MANDATORY): CH Bank:

Current account to which this card is associated:

Last name: First name: Date of birth: . . / . . /

Address: N°:

Zip code: Town:

Phone home: Phone office: Mobile:

E-mail: Fax:

DATA OF DISPUTED TRANSACTION(S)			Number:	
Date	Name of the merchant	Country	Amount	Currency unit
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1. Are you the only user of the involved card? Yes (go to n° 3) No (go to n° 2)

2. Who is (are) the other user(s)?
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3. Was the involved card always in your possession? Yes No, it disappeared No, it expired / was destroyed / sent back to the issuer

If the card has disappeared, please contact CARDSTOP at +32 (0) 2 400 37 90 in order to block your card and complete the Form A for lost / stolen / unreceived cards.

4.	I contest the above transaction(s) because: <ul style="list-style-type: none"> <input type="checkbox"/> A. I conducted a transaction with this merchant, but I did not receive the corresponding goods / services. <input type="checkbox"/> B. I received the goods, but sent them back on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>. Please clarify this in point 5 and attach proof of sending back. <input type="checkbox"/> C. This purchase / service was supposed to have been credited to me, not debited. <input type="checkbox"/> D. I conducted a transaction with this merchant, but for a different amount, namely <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>. <input type="checkbox"/> E. This transaction was already charged to me on the date of <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>. <input type="checkbox"/> F. I paid for this transaction in a different way. Please clarify this in point 5 and attach a proof of payment. <input type="checkbox"/> G. During the transaction, a handling mistake / technical problem occurred. <input type="checkbox"/> H. The automatic teller machine issued me too little / no money. Please clarify in point 5. <input type="checkbox"/> I. Other. Please explain in point 5.
5.	Additional comments or information which can be relevant within the framework of this file <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
6.	<p style="color: red;">Please sign the present document and send it back to us as soon as possible. Enclose, if available, a copy of your expenditure statement clearly indicating the disputed transaction(s). AirPlus International: Issuing Dispute & Fraud, Keizerinlaan 66 Boulevard de l'Impératrice, B-1000 Brussels. Or mail it to: creditcardclaims-belgium@wordline.com</p>
This document was completed by: <input type="checkbox"/> the card holder: <input type="checkbox"/> other:	
The following documents were attached to this form: <hr/> <hr/> <hr/> <hr/>	
Authenticated, on . . / . . / Signature of the card holder (OBLIGATORY): <div style="text-align: right; margin-top: 20px;">specimen as on the involved card)</div>	