

You **must** return the completed form no later than 45 days after the statement date when the disputed transactions were charged.

✉ Mail the completed form to: **GPO Box 4263, SYDNEY NSW 2001** **OR**  Fax to: **(02) 8987 5956**

**CARDHOLDER DETAILS**

Title

Mr  Mrs  Miss  Ms  Other

First name(s)

Surname

Daytime phone number

**CARD NUMBER**

Credit card number

Debit card number

ATM card number

**LOST/STOLEN CARDS**

If dispute relates to a lost/stolen card, please provide:

Date card lost/stolen Where card was lost/stolen from

DD / MM / YY

Where and when did you last see your card?

  


Police report number

**Please provide a copy of the following:**

- Statement where the transaction appears (indicate the transaction being disputed)
- The EFTPOS receipt, ATM receipt, payment receipt or sales voucher
- Any documentation which may support your claim.

**TRANSACTIONS IN DISPUTE**

Date	Amount	Store/ATM/Bank
DD/MM/YY	\$	
DD/MM/YY	\$	
DD/MM/YY	\$	

**DETAILS IN DISPUTE**

Please provide details of why the transaction is being disputed or what aspect is being disputed.

  
  
  
  
  


**SIGNATURE**

I confirm that neither I nor any additional cardholder:  
 • in any way authorised any transaction being disputed in this claim; or  
 • are aware that any amount disputed in this claim is in fact the correct charge.

I acknowledge that HSBC may refer false claims to the police for investigation.

I consent to HSBC providing relevant third parties with copies of this form and supporting documents as part of the activities required to investigate and resolve this dispute. I understand that this may include personal information contained in such documents.

**Customer/Primary Cardholder Signature**

Date

DD / MM / YY

*Office Use Only*

Date received by HSBC

Receiving department

Date voucher ordered

Date voucher received

Action to resolve

Date resolved