

Please return form to GPO BOX 4263, Sydney NSW 2001 or fax to (02) 8987 5956.

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

## CARDHOLDER DETAILS

Mr  Mrs  Miss  Ms  Other

First name  Middle name

Last name

Telephone number (daytime)  
( )

## ACCOUNT NUMBER

Credit Card number

Debit Card number

ATM Card number

## TRANSACTIONS IN DISPUTE

Date	\$ Amount	Store/ATM/Bank
<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"/>

## DETAILS IN DISPUTE

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

<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="text"/>
<input type="text"/>

## CREDIT CARDS ONLY

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

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

Where and when did you last see your card

Police Report No:

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.

## 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 understand that a fee of \$10 will be debited to my account for each dispute item not resolved in my favour. This applies to credit card disputes only.

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  
 /  /

### Office use only

Date received by HSBC \_\_\_ / \_\_\_ / \_\_\_

Receiving department \_\_\_\_\_

Date voucher ordered \_\_\_ / \_\_\_ / \_\_\_

Date voucher received \_\_\_ / \_\_\_ / \_\_\_

Action to resolve \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date resolved \_\_\_ / \_\_\_ / \_\_\_

HSBC Credit Cards  
Reply Paid 4263  
GPO SYDNEY NSW 2001



No postage stamp required  
if posted in Australia