

Business Visa Debit Card Notice of Claim Form

Complete the form using **BLACK PEN** and print in **CAPITAL LETTERS**

Complete this form to dispute an Unauthorised Transaction made by a Business Visa Debit Cardholder on the Business Transaction Account. **Please note that only an Authorised Signatory to the Account can complete this form.**

✉ Post the completed form to: **GPO Box 4263, SYDNEY NSW 2001** OR 📠 Fax to: **+61 2 8987 5956**

CARDHOLDER DETAILS

Business Visa Debit Card number

Name of cardholder

Home address of cardholder

Suburb

State

Postcode

Work address of cardholder

Suburb

State

Postcode

LODGE A CLAIM

We wish to lodge a claim in respect of an unauthorised transaction and request a claim form to be sent to this office. In terms of the conditions applying to such a claim, we hereby request and authorise you to cancel the HSBC Business Visa Debit Card specified above.

The police have been notified (Report No.) of the matter and a copy of the police report is attached.

(please tick the appropriate box below)

- The HSBC Business Visa Debit Card has been cut in half and destroyed by us.
- The HSBC Business Visa Debit Card has been previously returned to you.
- HSBC Business Visa Debit Card is still in possession of the cardholder and accordingly, we have notified the cardholder that he/she is no longer authorised to use the HSBC Business Visa Debit Card (copy of letter attached).

AUTHORISATION

For and on behalf of:

Account holder (business name)

Name of Authorised Signatory

Authorised Signatory signature

Date

Office Use Only

SV <input type="checkbox"/>	Checking officer name <input type="text"/>	Police report attached <input type="checkbox"/>	Signature <input type="text"/>	Date <input type="text" value="/ /"/>
-----------------------------	--	---	--------------------------------	---------------------------------------