

# Complaint form for abusive bookings without physical card loss/theft

## What should I do?

- Please read the claim form carefully, complete it and sign all the pages.
- **Send the completed and signed form to:** PostFinance Ltd, Scan Center, CH-3002 Bern.

## Next steps

- After receiving your complaint, we will examine the case carefully. We may require additional information from you (e.g. billing documents, information from the acceptance office, etc.).
- In certain cases, the duration of our clarifications can be several months, since we have to contact the bank or acceptance office involved.

## Important information

- Only if you object to the transaction in writing within 30 days from the date of the notification (account statement, direct debit advice, etc.) can we raise an objection with the company concerned.
- For security reasons, we do not contact our customers via e-mail. We will therefore always contact you by post or telephone.
- Please provide us with the last four digits of the 16-digit card number of your PostFinance Card, with which the bookings were made.
- We require the signature of the account holder or an authorized person on the claim form.
- Return to us all pages of the claim form.
- If your PostFinance card has not yet been blocked, please do so immediately.

### Please complete this section:

Confirmation of the cardholder for the contested transaction

Last name \_\_\_\_\_

Telephone (home) \_\_\_\_\_

First name \_\_\_\_\_

Telephone (work) \_\_\_\_\_

 \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

### To be completed by PostFinance

Partner number \_\_\_\_\_



# Claim form (affidavit)

Card number            XXXX XXXX XXXX \_\_\_\_\_ (last four digits)  
Name                    \_\_\_\_\_ First name \_\_\_\_\_  
IBAN                    \_\_\_\_\_

I hereby confirm that the PostFinance Card indicated has not been stolen or lost. At the time of the transaction/s, I was in possession of all legal cards with the card number listed above and I did not give anyone permission to carry out debits on my behalf. The debit(s) listed in the appendix to this claim form has/have not been incurred by me, nor has it been done with my knowledge or in my favour. The debit(s) listed in the appendix to this claim form has/have neither been made by me, nor with my knowledge or for my benefit.

### Translation for in-house use:

*I herewith confirm that the abovementioned PostFinance card was never lost nor stolen from me. I was in possession and control of all genuine cards at the time of the transaction(s) and I never authorized any other party to complete transactions on my behalf. The transaction(s) listed on the addendum to this Affidavit was (were) not performed by me, neither did I authorize them to be made on my behalf.*

I confirm that I do not personally know the perpetrator. Should I acquire knowledge of the perpetrators, I will immediately forward the information to PostFinance without being asked to do so.

Furthermore, I declare that I have not been compensated in any way for the damage caused by third parties. I then undertake to inform PostFinance immediately and without being asked of any repayment/partial payment of the amount of the damage caused by third parties.

By accepting any compensation from PostFinance, I explicitly assign to PostFinance my claims in the amount of the compensation received from the claim against the party who caused the loss or damage and any insurance companies.

I also authorize PostFinance to report this case to the police and judicial authorities. In the event of financial loss, I agree to the police report being handed over to PostFinance.

**Furthermore, in the present case I release PostFinance in full from postal and banking secrecy vis-à-vis all police and investigating authorities as well as all persons/companies involved in the transaction.**

If a debit is found to be lawful or if the information is not true, a processing fee may be charged to the cardholder.

PostFinance reserves the right to take legal action against the signatory if the information provided is not true or if the signatory intentionally gives false information or falsifies, conceals or denies facts.

I hereby confirm that all the information I have provided is truthful and complete.

You agree that all personal information in the documents (e.g. your card identification number, your contact details and any information in the evidence documents) that you provide to us as part of your complaint may be shared with the international card organizations (e.g. Mastercard) and their representatives. These recipients may also be located abroad, in which case Swiss law (e.g. data protection) is limited to Swiss territory alone and thus any data that reaches a foreign country no longer benefits from protection under Swiss law. If your complaint documents contain information that you do not wish to transmit to us or that you do not wish us to forward to the international card organizations and their representatives, we ask you to make the relevant information unrecognizable before it is transmitted to us.

 

Date \_\_\_\_\_

Signature \_\_\_\_\_



**I confirm that the transaction(s) listed below was /were neither made nor signed by me, nor did I authorize it/them to be made on my behalf.**

Date	_____	Town	_____
Retailer/online retailer	_____		_____
Original amount	_____	Amount debited	_____
Date	_____	Town	_____
Retailer/online retailer	_____		_____
Original amount	_____	Amount debited	_____
Date	_____	Town	_____
Retailer/online retailer	_____		_____
Original amount	_____	Amount debited	_____
Date	_____	Town	_____
Retailer/online retailer	_____		_____
Original amount	_____	Amount debited	_____
Date	_____	Town	_____
Retailer/online retailer	_____		_____
Original amount	_____	Amount debited	_____
Date	_____	Town	_____
Retailer/online retailer	_____		_____
Original amount	_____	Amount debited	_____
Date	_____	Town	_____
Retailer/online retailer	_____		_____
Original amount	_____	Amount debited	_____
Date	_____	Town	_____
Retailer/online retailer	_____		_____
Original amount	_____	Amount debited	_____
Date	_____	Town	_____
Retailer/online retailer	_____		_____
Original amount	_____	Amount debited	_____

 \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

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