

Claim form for unjustified transactions



What do you need to do?

- Please read the claim form carefully, complete it in full and sign every page.
- Send the completed and signed form to: PostFinance AG, Fraud Disputes, Flughofstrasse 35, Postfach, 8152 Glattbrugg. Use the pre-printed address sheet on the last page if required.

Further course of action

- Once we receive your claim, we will check it carefully. We may need additional information from you.

Important notes

- You can only dispute the transaction in writing within 30 days from the date of the invoice.
- For security reasons, we do not contact our clients via e-mail and will therefore always contact you by phone or mail.
- Please state the number of the credit card / prepaid card that was used to make the improper bookings.
- The claim form must include the cardholder's signature. Signatures of authorized agents or other persons are not valid.
- Any disagreement with the merchant due to the current complaint, and any resulting claims, shall be settled by the cardholder directly with the merchant in accordance with the applicable General Terms & Conditions for using credit and prepaid cards.

Please mark with a cross

Multiple debit of same amount

My card has been debited several times for one purchase made by me.

Goods/service not received

I did order the goods/services but have never received them. Furthermore, I have been in contact with the invoicing party on _____ in writing / _____ by telephone to clarify this issue (see enclosed documents).

Detailed description of goods/service: _____

Goods/service returned/cancelled

I returned the goods received on _____ but have not received a credit note for this (see enclosed proof of return of the goods).

Order or hotel/car rental/flight cancelled

I cancelled the order/reservation on _____ in writing / _____ by telephone.

The cancellation number is _____.

Cancelled subscription

I had cancelled the subscription on _____ (see enclosed copy of cancellation).

Incorrect amount

I signed a slip to the amount of _____ but my card has been debited with the amount of _____ (see enclosed copy).

Credit not booked

The amount mentioned in the credit note has not been credited to my card account (see enclosed copy of the credit note).

Paid using another method

I selected an alternative method of payment to transfer the relevant amount (see enclosed proof of payment). Furthermore, I have been in contact with the invoicing party on _____ in writing / _____ by telephone to clarify this issue (see enclosed documents).

Cash not received

I did not receive any money from this cash withdrawal.

Surcharge

I do not agree with the surcharge(s) to the amount of _____ for payment by credit card (see enclosed documents).

Other reasons

Transaction details

Card account number*: _____

* Please enter the card account number (see credit card invoice or e-finance). E.g.: 8001 1234 5678

Card number: XXXX XXXX XXXX _____ (last four digits)

Date	Merchant	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name: _____ First name: _____

Date: _____ Signature: _____

You agree that all personal information in the documents (e.g. your card identification number, your contact details and all information in the documents of proof) that you submit to us in relation to your complaint may be forwarded to the international card organizations (e.g. Visa and Mastercard) and their agents. These recipients may also be located outside Switzerland. Swiss law (e.g. data protection) is strictly limited in scope to Swiss territory, and any data sent abroad does not enjoy the protection afforded under Swiss law. If your complaint-related documents include information that you do not wish to submit to us, or information that is not intended for us to forward to the international card organizations or their agents, please redact that information before submitting it to us.

PostFinance AG
Fraud Disputes
Flughofstrasse 35
Postfach
8152 Glattbrugg

Adress sheet

Please complete this section

Confirmation of the cardholder for the contested transaction:

Last name: _____

First name: _____

Street, no.: _____

Postcode/Location: _____

Mobile phone: _____