

Corporate Disputed Transaction Form

Please complete this form if you have noticed a transaction on your Corporate Cash Passport Card that you believe is incorrect. Please complete and return this form to us within 30 days of initial notification of your dispute (as timeframes may affect the outcome of your claim).

Please send your completed Dispute Claim Form to us via;

Email: prepaidmgmt_ppc_disputes@mastercard.com

Mail: Disputes, Access House, Cygnet Road, Cygnet Park, Hampton, Peterborough, PE7 8FJ, United Kingdom

Questions?
 Call our customer service center on
 0800 056 0572 (UK)
 +44207 649 9404 (Other Countries)

Before completing this form, please ensure you have first contacted the merchant for resolution

How to Complete

This form is digital, you can complete it on your smart phone (where compatible) or computer and email or post it to us.

PART 1 PLEASE COMPLETE EACH ITEM IN THIS SECTION

Full Name **First 6 and Last 4 Digits of your card number (if known)** /

Full Address **Post Code**

Email Address **Mobile Phone Number**

Please list the transaction(s) you would like to dispute:

Date of transaction	Merchant Name	Amount	Currency
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Note; If further transactions are to be disputed, please attach a second document with continued list

**PART 2 WHY ARE YOU DISPUTING THE TRANSACTIONS?
PLEASE SELECT ONE CATEGORY WHICH BEST DESCRIBES YOUR DISPUTE.**

Category One; Unrecognised Transaction

I certify I did not make the transaction(s)

I have not authorised the charge(s) listed above to my account. Please complete the below additional questions and then move onto part 3.

1. The card is;

- In my possession
- Lost
- Stolen
- Retained in an ATM
- Not received in the post
- Other (please provide further details in section 3)

2. Have you kept a written copy of, or disclosed your PIN to anyone else? If Yes, please provide details;

3. If out of your possession, please provide date, time and if any other personal property was lost/stolen at the same time;

Country of loss;

Time Date

Property lost at the same time;

4. Where did you last use the card?

Time (24h)
Date
Location
Transaction

5. Have you informed the police of the loss?

If yes, please attach supporting documents, if no, please explain why not;

6. Do you know the person(s) who made these transactions? (if yes provide further details in section 3);

- Yes
- No

Category Two; Recognised Transaction

I authorised the transaction(s), HOWEVER:

Please select only one option below which best describes your dispute and then move onto part 3.

1) I have not received the merchandise.

The expected delivery date was
(Please provide copies of any correspondence you have had with the merchant).
By selecting the above; you confirm you have attempted to resolve this directly with the merchant but have been unsuccessful.

2) I have not received the expected services

Note: You must include a copy of the contract or agreement that details these services.

3) The merchandise I received was defective.

Note: You must attempt to return the merchandise to the merchant before filing this claim and then provide proof of return and explanation of the defect. The merchants reply was:

4) The amount I authorised is different than the amount that showed up on my card account. *Note: If this is a mail/online order, you must include a copy of the sales slip or packing invoice.*

5) I was charged twice (or more) for a single purchase

Valid Transaction Value
Date Charged
Invalid Transaction Value
Date Charged

6) None of the above reasons apply.

(Please provide a complete description of the problem in Part 3.)
Note: You must include copies of any correspondence between you and the merchant.

**PART 3 PROVIDE A DETAILED EXPLANATION OF THE TRANSACTION(S) DISPUTED.
USE ADDITIONAL PAGES AS NECESSARY**

A Please provide additional information that will help us investigate the dispute

B Have you received a response from the Merchant, please provide details;

PART 4 SIGNATURE AND CONSENT

I give my consent to have this dispute/claim reviewed by a dispute investigator and understand that I may be asked to provide additional details for this investigation.
I understand that incomplete or inaccurate information could result in the decline of my dispute or a correction to my account.
Please note; If you are disputing fraudulent transactions the card associated to these transactions will be blocked (if not already).
Anyone who knowingly makes a false statement may be subject to criminal prosecution

Cardholder Name (print)

Cardholder Signature

X

Date

By ticking this box, I declare that all information contained within this statement is correct to the best of my knowledge. I understand that the information I have provided will be transmitted across national borders, will be used in undertaking possible fraud investigations, and may be passed to law enforcement agencies.

Company Authorise Member Name

Company Authorise Member Email Address

Company Authorise Member Signature

Date