

Worldwide Wallet Dispute Claim Form.

Please complete this form if you need to dispute a transaction on your Bank of Melbourne Worldwide Wallet Account.

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).

You can expect to be contacted regarding your dispute for either further information or an outcome within 10 days from the date of lodgement.

Please send your completed Dispute Claim Form to us via email at disputes@MCworldwidewallet.bankofmelbourne.com.au

How to complete.

This form is digital, you can complete it on your smart phone (where compatible) or computer and email it to us. If supporting documentation is requested, please include as attachments in the same email.

Questions?

Call 1300 804 266 in Australia or +61 3 8536 7873 when travelling for 24/7 support.

Part 1: Cardholder Details – please complete each item in this section.			
Full Name			
First 6 and last 4 digits of your card number (if known) (For security reasons, do not provide your full card number) - x x x x - x x x x Full Residential Address			
Email Address Mobile Phone Number			

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the same time:

Country of Loss

Property lost at the same time:

Time

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

Date of transaction	Merchant Name	Transaction Reference Number	Amount	Currency
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	

Note: If further transactions are to be disputed, please attach a second document with continued list.

P	art 2: Why are you disputing the transactions?
Ple	ase only select <u>one</u> category which <u>best</u> describes your dispute.
Ca	tegory One: Unrecognised Transaction(s).
	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 on to 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 part 3)
2)	Have you kept a written copy of, or disclosed your PIN to anyone else?
	Yes No
	If yes, please advise where and when this occurred:
71	If the card is no longer in your possession, please provide date, time and if any other personal property was lost/stolen at

Date

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4)	Where	did you last use the	card?							
	Time		Date	/ /						
	Locatio	n								
	Transac	tion								
5)	Have you informed the police of the loss? Yes No If yes, please attach supporting documents. If no, please explain why not:									
6)		know the person(s)) who made	these transactio	ns? (If yes	, provide furt	 ther details in	 n part 3):		
•	Yes	∐ No								
		wo: Recognised Tra rised the transactio 3.		er: Please select <u>c</u>	o <u>nly one</u> op	tion below wh	hich best desc	cribes your dis	spute and then mo	ove on
	1) I hav	ve not received the I	merchandise	•						
	The exp	ected delivery date w	/as	/ /						
		provide copies of any ted to resolve this dire					selecting the	e above, you d	confirm you have	
		ve not received the oils these services.	expected ser	vices. Note: You	must incluc	le a physical c	or scanned co	opy of the cor	ntract or agreemer	nt that
		merchandise I recein and then provide pr					the merchan	dise to the m	nerchant before filir	ng this
	The me	rchant's reply was:								
		amount I authorise er, you must include a						ount. Note:	If this is a mail/onl	ine
	5) I wa	s charged twice (o	r more) for c	single purchase	e.					
	Valid Tro	ansaction Value	\$							
	Date Ch	narged	/	/						
	Invalid 1	Transaction Value	\$							
	Date Ch	narged	/	/						
		e of the above reas						part 3. Note	:: You must include	

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 If you have received a response from the Merchant, please provide	e details:			
Part 4: Signature and consent.				
I give my consent to have this dispute/claim reviewed and managed may be asked to provide additional details for this investigation.	by Mastercard, on behalf of Bank of Melbourne and understand that I			
I declare that all information contained within this form is correct to the best of my knowledge. I understand that the information I have provided will be transmitted overseas for processing, will be used in undertaking possible fraud investigations and may be passed to law enforcement agencies.				
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 calready). Anyone who knowingly makes a false statement may				
For more information on how Bank of Melbourne and Mastercard ha Bank of Melbourne Privacy Policy (bankofmelbourne.com.au/privacy				
Cardholder Name (print)				
Cardholder Signature	Date			
×□	/ /			

If completing this form without printing; ticking this box acts as a virtual signature replacing the need to manually sign.