

Please read the instruction on Section D before you complete this form.

Section A : Customer Details

Customer's Surname: _____ First Name: _____ Date: _____
 Contact Number: _____ Email Address: _____ Branch: _____
 Account Number: _____ Account Type: Savings Cheque
 Card Number:

Section B : Details of Disputed Transaction

1. Details

Date: _____ Time: _____ AM/PM Amount: _____
 Device Type: ATM EFTPoS
 Device ID: _____ Merchant: _____ Location: _____
 (Refer transaction receipt for device ID)

3. Type of Complaint

- Transaction Not Authorised Duplicate Transaction
 Other - Specify _____

Customer's Signature: _____ Date: _____

Section C : Bank Use Only

1. Attachments

- Letter of Complaint Customer Receipt Police Report Victim's Copy
 Bank Statement Further advise if more than one Transaction Other

Dispute Number: _____ Branch Dispute Lodged: _____ Account: _____ Years

Verifying Officer: _____ Signature: _____ Date: _____

2. This section isto be completed by Channel Support

Postilion Realtime Transaction No: _____ Batch No: _____ Serial No: _____

Postilion Purchase Date: _____ Postilion Purchase Time: _____ AM/PM

Action Taken to Resolve Dispute: _____

3. Deciding Factors

- Customer negligent with PIN Unreasonable delay in reporting
 Fraud/ negligence by bank employee Fraud negligence merchant/ employee
 Other _____

Amount of Loss to Be Borne By: customer Bank Merchant

Decision based on clause/s _____ of the Condition of Use for Electronic Banking

Authorised By: _____ Name / Title: _____ Date: _____

Section D : Instruction	
Disputes	Complete Section
ATM cash withdrawal	A,B(1&3) C (1&3)
EFTPoS	A,B(1&3) C (1&3)
ATM Top Up	A,B,C
ATM PIN Change	B (3)