

**1 Customer details** Please print your details clearly in CAPITAL letters, using a pen

Name

Access number   
(if applicable)

Substitute card number

**2 Disputed transaction details**

I wish to dispute the following transaction/s on my card:

Transaction date	Transaction time	Merchant	Currency	Amount
DD / MM / YYYY	HH / MM	<input type="text"/>	<input type="text"/>	<input type="text"/>
DD / MM / YYYY	HH / MM	<input type="text"/>	<input type="text"/>	<input type="text"/>
DD / MM / YYYY	HH / MM	<input type="text"/>	<input type="text"/>	<input type="text"/>
DD / MM / YYYY	HH / MM	<input type="text"/>	<input type="text"/>	<input type="text"/>
DD / MM / YYYY	HH / MM	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please select the reason you would like to dispute these transaction/s (please tick)

- I'm unsure about this transaction, please clarify the following details:  
 Merchant name    Merchant location    Transaction date    Transaction amount    Other (please specify more details on page 2).
- I did authorise this transaction, but I haven't received any goods or services.  
They were expected on DD / MM / YYYY  
I've attached documents showing the expected service or delivery date.
- The amount appears to be altered from \$  to \$   
(Please attach a copy of the sales voucher, receipts etc and specify more details on page 2).
- I've already paid for goods or services by an alternate means - e.g. cash, another credit card, travellers cheques.
- I only authorised one transaction (possible duplication). The date of the original transaction was DD / MM / YYYY
- Neither I nor any additional cardholder have authorised or participated in this transaction from the above merchant, nor received any goods or services.
- The goods I received were not as described or the goods received were defective/damaged.
- I received a credit for \$  on DD / MM / YYYY which has not been processed.  
I've enclosed a copy of the credit transaction receipt. Merchandise was returned on DD / MM / YYYY.  
I last contacted the merchant about this matter on DD / MM / YYYY.
- I tried to withdraw cash from an ATM and didn't receive all or part of the cash (please specify more details on page 2).

**3 Authorisation**

I give my consent for Kiwibank to act on my behalf and understand that when I lodge a dispute and it is not upheld, Kiwibank reserves the right to debit the transaction and to charge a disputed transaction fee of \$15.00.

Customer signature

DD / MM / YYYY

When complete, please return this form and supporting documents via either:

Fax: 04 460 6887  
Mail: Card Services  
Private Bag 39888  
Wellington 5045

Or email to: chargeback@kiwibank.co.nz

**You must sign this form.**

**Important: Please ensure you complete page 2 of this form and attach copies of any documents that support your claim. Lack of documentation may delay resolution of your dispute.**

