

Cardholders dispute

Cardholders name:	Card No. (four last No.):	
Email:	Phone No.:	Account No.:

Complaint about transaction/-s, according to enclosure:

Purchase date	Merchant's name	Country and Place	Amount

Please read the following, tick off for the appropriate description.

<input type="checkbox"/> The card is in my possession, but I did not make nor authorize this/these transaction/-s, nor have I let anyone else use my card.	<input type="checkbox"/> I did not receive the goods/service within the delivery date. I have contacted the merchant, but they are unwilling to help. Please provide a copy of the order confirmation, correspondence and state the date of delivery.
<input type="checkbox"/> My card has been lost/stolen, and I have not authorized this/these transaction/-s, nor have I let anyone else use my card.	<input type="checkbox"/> I have cancelled the goods/services but my account has been debited. Please provide a copy of the cancellation letter or the cancellation number and date.
<input type="checkbox"/> I did not receive the amount/I received only a part of the amount from the ATM.	<input type="checkbox"/> The amount on my receipt differs from the amount on my statement. Please provide copy of the receipt.
<input type="checkbox"/> I only made one transaction. The card has been in my possession, it has not been lost or stolen. Please provide a copy of the receipt.	<input type="checkbox"/> I paid with cash or with another card. Please provide a copy of the receipt.

Information about treatment of personal data

To consider this complaint, Sparebanken Møre must pass the information herein, and other information already registered by the bank, in connection with this complaint to our collaborating partners.

I hereby declare that the information above is true and correct.

I hereby give Sparebanken Møre authorisation to debit any amounts credited my account, in connection with this claim, if the transaction/-s are later proven to be correct.

Place and date

Cardholders signature

