

# COMPLAINT FORM PAID BY OTHER MEANS

---

## Personal Information

First name

Last name

XXXX XXXX XXXX \_ \_ \_ \_

Card number (the last 4 digits)

Account number

Mobile phone number

Merchant name/location

Date of transaction

Transaction amount in CHF

Transaction amount in foreign currency

**Important:** I confirm that my card was neither lost nor stolen and was always in my possession.

---

## Details pertaining to the disputed transaction

I have already paid the amount charged to me by other means (cash, voucher, bank transfer, etc.)

On \_ \_ \_ \_ \_ i attempted to contact the merchant and to clarify the matter as follows:

in writing (email, fax, letter)

by phone: contact person \_\_\_\_\_

\_\_\_\_\_  
The result of my contact attempt

## Mandatory attachments

copy of written contact with the merchant (if applicable)

evidence of other method of payment (cash receipt, voucher copy, debit note, etc.)



---

### Comments on your complaint

---

---

---

---

### Signature

The signatory herewith confirms that the above-mentioned statements are truthful and complete.

For unjustified complaints and/or incorrect or missing information provided in the present form and/or during the complaint procedure, we reserve the right to invoice you with a flat rate of CHF 80 as a cost sharing fee.

This form is only valid with a legally valid signature of the cardholder.

X

Place/date

X

Signature of cardholder

**Please print the completed form and send it signed and with the supporting documents to:**  
Swisscard AECS GmbH, Chargeback, Neugasse 18, CH-8810 Horgen.

