

# COMPLAINT FORM UNAUTHORIZED NOT RECOGNIZED TRANSACTION

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## 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.

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## Details pertaining to the disputed transaction

I confirm that neither I nor any person authorized by me participated in or authorized this transaction. The transaction is unknown to me. I recognize neither the name of the contractual partner nor the amount charged.

**Before submitting my complaint, I attempted to ascertain the origin of the transaction as follows:**

internet search

phone inquiry with the card issuer



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### Comments on your complaint

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### 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.

