

COMPLAINT FORM OTHER REASONS

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.

Other reasons



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.

