

Application to dispute a card transaction

DATE

Cardholder information

CARDHOLDER NAME	
CONTACT INFO	CARDNUMBER ** ****

Transaction

DATE OF TRANSACTION	AMOUNT EUR
MERCHANT / ATM NAME	

<input type="checkbox"/> DUPLICATE TRANSACTION	<input type="checkbox"/> INCORRECT TRANSACTION AMOUNT	<input type="checkbox"/> NONRECEIPT OF SERVICE / GOODS / CASH	<input type="checkbox"/> GOODS / SERVICE NOT AS DESCRIBED
<input type="checkbox"/> THE TRANSACTION WAS NOT MADE BY ME	<input type="checkbox"/> OTHER PROBLEM	<input type="checkbox"/> CANCELLED TRANSACTION	

COMMENTS

<input type="checkbox"/> CARD RETURNED TO BANK (DATE)	<input type="checkbox"/> CLIENT OFFICE	<input type="checkbox"/> MAIL
<input type="checkbox"/> CARD WAS IN THE POSSESSION OF THE CARDHOLDER AT THE TIME OF TRANSACTIONS		

Confirmations

By signing this application, I hereby confirm that the data presented within is correct, comprehensive and complete. If you have any additional documents related to the disputed transaction (for example, invoice, sales receipt, contract, correspondence with the merchant), please send these to the email address info@lhv.ee. We would like to direct your attention to the fact that a service charge pursuant to our **price list** will be assessed if an unfounded claim for a refund is submitted.

NAME AND SIGNATURE OF THE CARDHOLDER	NAME AND SIGNATURE OF THE LHV BANK'S REPRESENTATIVE
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