

Customer Transaction Disputes Form For all Credit Card transactions **or** Visa Debit transactions

Please complete all sections and ref	urn form with any documer:	ntation via email or mail to the contact	t details listed on page two.
PERSONAL CUSTOMERS		BUSINESS AND COMMERCIAL CUSTOMERS	
Card Number		Card Number	
X_X X_X	(XXX	X_X_\	X X X X
Customer Number		Company Name	
Name on card		Name on card	
I WISH TO DISPUTE THE FOLL	OWING TRANSACTION	(S)	
Date T	ransaction Details		Amount (NZD)
			\$
			\$
			\$
			\$
			\$
			7
Please select dispute type Please tick the most appropriate op	tion and ensure you attach	the corresponding documentation	
	•	the corresponding documentation.	
☐ I have not received the goods o			
They were expected on/		last contact was on / /	
Please provide a description of t		last contact was on//	
☐ The goods were returned on or			
		ssed to my card/account on/	/
		nfirmation the goods were returned.	,
☐ I have been charged for a duplic	cate transaction. I contacted	I the merchant to try and resolve this	matter.
My last contact was on/			
Please provide detail on page tw	o, along with any supportin	ng documents that may assist our inve	estigation.
	deduct regular payments f	rom my account, however I cancelled	or attempted to cancel my
authority on/// Please attach a copy of your ins	tructions to the merchant to	cancel the authority.	
_		tive, counterfeit or not as described. I	roturned the goods or
-		nerchant to try and resolve this matte	_
		e.g. invoice) of the damaged/defective	
goods or services. Please provid	e proof that the goods were	e returned/services were cancelled or a	an attempt was made.
		an ATM and did not receive all or part	
		Amount requested	d - \$
If available, please attach a cop	•	containing to the state of the	
received any goods or services.	noider have authorised or p	participated in this transaction from the	e above merchant, nor
☐ My dispute is for a different reas	son which is not listed above	€.	
Please provide full details on pa	ge two, along with any supp	porting documents that may assist our	investigation.
Your signature			
Primary Cardholder's Signature (rec		Additional Cardholder's Signatu	re (only required
rimary Cardiolder's Signature (rec	_t un cu)	if transactions were made on a	. , .
Date		Date	

Customer Transaction Disputes Form (continued)

Please provide required additional inform	ation as stated above, or any ad	ditional information that may assist us in resolu	ving your dispute.
CARDHOLDER DETAILS			
Fitle Name			
			• • • • • • • • • • • • • • • • • • • •
Home Phone	Work Phone	Mobile	
Email Address			
Preferred method of contact: En	nail 🗌 Mail		
WHAT TO DO NEXT			
Please either email or mail this form	as nor the below details as	drap it off at an ANZ branch	
ricase eitilei eiliail Ol IIIall tills 10[[[]	as per the below details, of	aropit on at an Anz Dianch.	



'CC Disputes Form, Customer Number XXXXX'



Wellington Mail Centre Lower Hutt 5045

WHAT YOU NEED TO KNOW ABOUT DISPUTE RESOLUTION TIMEFRAMES

Resolution timeframes vary depending on the nature of the dispute, and how the transaction was processed. These timeframes are governed by Global Scheme rules (e.g. Visa and MasterCard). We may contact you if further information is required. Please note that if we request additional information, this must be sent to us within the timeframe requested or else we will be unable to proceed with your dispute. Should you wish to call us about your dispute please call 0800 269 296.