



Member number:

Contact number:

Title:

Surname:

First Name(s):

Card number:

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My card/device has been lost/stolen? ☐ Yes: ☐ No - Go to Section 3

Lost: ☐ Stolen: ☐

Card: ☐ Device: ☐ Was the device locked? ☐ Yes: ☐ No:

Date lost/stolen: Police report number:

Has the PIN/Code been recorded anywhere or kept (e.g. on the card, on paper)?

☐ No: ☐ Yes - if yes, where:

Has the PIN/Code been disclosed to a third party (e.g. a family member/friend)?

☐ No: ☐ Yes - if yes, to whom:

Please provide any further information to this matter e.g. circumstances surrounding loss, theft or security breach, include relevant details about steps taken to ensure security of devices or codes:

Please tick one of the following boxes:

<input type="checkbox"/> Cancelled subscription/trial <i>(Provide evidence of cancellation and any other relevant documents)</i>	<input type="checkbox"/> Duplicated transaction/incorrect amount <i>(Provide copy of sales receipt)</i>
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<input type="checkbox"/> Goods/Services not received	Expected date of receipt/delivery	<input type="text"/>
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Description of services/merchandise

(Provide copy of sales receipt, proof of contact made with merchant)

<input type="checkbox"/> Goods/Services not as described <i>(Provide copy of sales receipt, proof of contact made with merchant)</i>

<input type="checkbox"/> Payments made by other means - I used another method of payment for this transaction (not the above card) <i>(Provide copy of your sales receipt or other evidence of proof of payment)</i>

<input type="checkbox"/> Refund not processed - the goods were returned/services were cancelled on:	<input type="text"/>
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A credit was due to be processed to my card/account for the amount of: \$

(Provide evidence of return of goods. Evidence of credit due and any other supporting documents)

☐ ATM dispute - I was short payed when withdrawing at an ATM machine

(Please provide details here)

Date	Time	Amount Withdrawn	Amount Received
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

☐ Unauthorised transactions - if the transactions are unknown, can you please confirm if:

- You have received any emails or SMS messages containing a link

Yes ☐ No ☐

-If yes, have you provided any OTP (onetime password)?

Yes ☐ No ☐

- You have received any cold calls, allowed or granted access to the caller to access your device?

Yes ☐ No ☐

-What type of device?

If you have answered Yes to any of the above, please;

1 You will need to get your device cleaned professionally and receipt of such to be provided to Community First Bank as part of the investigation.

2 I have reported the matter to ACSC (Australian Cyber Security Centre) at www.cyber.gov.au/report

ACSC number:

3 Summaries the event below, what happened?

(We may contact you to request further information if required)

4. TRANSACTION DETAILS

Please fill in the transaction details below:

Date	ATM/Merchant Name (as shown on statement)	Amount
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

5. DECLARATION AND SIGNATURE

I declare that this claim and the information to this claim are true and correct. I understand that resolution of my claim may be delayed, or my claim may not be able to be properly investigated, if additional information is required from me to assist with Community First Bank's investigations. I also understand that if the disputed transaction/s are found to have been authorised correctly, my account will be debited the applicable fees and charges.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Print name:	Date

- It is important to notify us of any disputed VISA transactions as soon as possible within 90 calendar days from the transaction date. If you don't, we may lose any chargeback right we have under the VISA scheme rules. However, this doesn't apply to an unauthorised transaction that is regulated by the ePayments Code.
- Upon receipt of all requested information, your dispute should be resolved within 45 days. If this time frame is exceeded, Community First Bank will advise you in writing.
- Community First Bank will make a determination of liability for the disputed transaction and will advise you in writing of the outcome of the investigation.
- If you subsequently recognise the transaction/s and no longer wish for Community First Bank to investigate, please call us on **1300 13 22 77**.
- The resolution of your dispute will be in accordance with the ePayments Code, VISA International Operating Regulations and the Terms and Conditions of your account.