



HSBC CONTINENTAL EUROPE, GREECE

109-111 Messoghion Ave.,
115 26 Athens

Date: _____

DISPUTED TRANSACTION(S)

Card Number:

Cardholder's name: _____

HUB Customer Record: _____

(To be completed by the Bank)

TRANSACTION REFERENCE NO.	TRANSACTION DATE	TRANSACTION DESCRIPTION	TRANSACTION AMOUNT

Please be advised, that I dispute the above transaction(s) included in my Statement issued on _____, for the following reason:

- I certify that I did not make or authorize the above-mentioned transaction(s). I confirm that my card was in my possession at the time of the above-mentioned transaction(s).
- I was billed for _____ but the correct transaction amount is _____. I am enclosing a copy of my credit card sales receipt, which shows the correct transaction amount.
- The transaction(s)-dated _____ have been charged twice in my account for the amount(s) _____ on _____.
- I paid for this transaction by check / cash / other Credit Card. I am enclosing a copy of payment receipt.
- I am aware about the transaction but no funds were disbursed at the Automatic Teller Machine. I have not yet received the merchandise, which were to be delivered on _____. (Attached you will find the terms and conditions of the delivery as well as my complaining letter for not receiving the merchandise).
- Periodically charges which I cancelled on _____. Charges after _____ are not authorized.
- Although the merchant issued a credit voucher I have not received the credit yet.
- I agree with the charge for the amount of _____ on _____ at _____, but I do not agree with the charge for the amount of _____ on _____ at _____.
- Other reasons _____

SIGNATURE _____



For Bank Use Only	
Card Returned to the Bank:	
YES:	On:
NO:	