

Complaint form exclusively for abusive bookings after physical card loss/theft

What should I do?

- Please read the claim form carefully, complete it and sign all the pages.
- **Send the completed and signed form to:** PostFinance Ltd, Scan Center, CH-3002 Bern.

Next steps

- After receiving your complaint, we will examine the case carefully. We may require additional information from you (e.g. billing documents, information from the acceptance office, etc.).
- In certain cases, the duration of our clarifications can be several months, since we have to contact the bank or acceptance office involved.

Important information

- Only if you object to the transaction in writing within 30 days from the date of the notification (account statement, direct debit advice, etc.) can we raise an objection with the company concerned.
- For security reasons, we do not contact our customers via e-mail. We will therefore always contact you by post or telephone.
- Please provide us with the last four digits of the 16-digit card number of your PostFinance Card, with which the bookings were made.
- We require the signature of the account holder or an authorized person on the claim form.
- Return to us all pages of the claim form.
- If your PostFinance card has not yet been blocked, please do so immediately.

Please complete this section:

Confirmation of the cardholder for the contested transaction

Name _____

First name _____

Telephone (home) _____

Telephone (work) _____

 _____

Date _____

Signature _____

To be completed by PostFinance

Partner number _____



Claim form (affidavit)

Card number XXXX XXXX XXXX _____ (last four digits)
Last name _____ First name _____
IBAN _____

I hereby confirm that the aforementioned PostFinance Card was
on (date) _____ at (time) _____
in (place) _____

lost

stolen

and that any charges to this card after the aforementioned date / time were neither executed by me nor signed or undertaken on my behalf.

Translation for in-house use:

Herewith I confirm that the abovementioned PostFinance credit card was lost / stolen from me and that all transactions after the loss / theft date were not performed or signed by me, neither did I authorize them to be made on my behalf.

If the card is found again or returned to me, I undertake to notify PostFinance immediately and without notice.

I confirm that I do not personally know the perpetrator. Should I acquire knowledge of the perpetrators, I will immediately forward the information to PostFinance without being asked to do so.

Furthermore, I declare that I have not been compensated in any way for the damage caused by third parties. I then undertake to inform PostFinance immediately and without being asked of any repayment/partial payment of the amount of the damage caused by third parties.

By accepting any compensation from PostFinance, I explicitly assign to PostFinance my claims in the amount of the compensation received from the claim against the party who caused the loss or damage and any insurance companies.

I also authorize PostFinance to report this case to the police and judicial authorities. In the event of financial loss, I agree to the police report being handed over to PostFinance.

Furthermore, in the present case I release PostFinance in full from postal and banking secrecy vis-à-vis all police and investigating authorities.

If a debit is found to be lawful or if the information is not true, a processing fee may be charged to the cardholder.

PostFinance reserves the right to take legal action against the signatory if the information provided is not true or if the signatory intentionally gives false information or falsifies, conceals or denies facts.

I hereby confirm that all the information I have provided is truthful and complete.

You agree that all personal information in the documents (e.g. your card identification number, your contact details and any information in the evidence documents) that you provide to us as part of your complaint may be shared with the international card organizations (e.g. Mastercard) and their representatives. These recipients may also be located abroad, in which case Swiss law (e.g. data protection) is limited to Swiss territory alone and thus any data that reaches a foreign country no longer benefits from protection under Swiss law. If your complaint documents contain information that you do not wish to transmit to us or that you do not wish us to forward to the international card organizations and their representatives, we ask you to make the relevant information unrecognizable before it is transmitted to us.

 _____

Date _____

Signature _____



When and where did you discover the theft/loss?

Date _____ Time _____

Location _____

To whom did you report the theft/loss?

When did you report the theft/loss?

Date _____ Time _____

How and where did you keep the card?

If the card was in the vehicle, why did you keep it there?

Where were you at the time of the theft/loss?

How and where did you keep the PIN code?

Have written records of the PIN code been lost?

Yes No

Do you know the PIN code by heart?

Yes No

Is the PIN code known to a third party?

Yes No

If so, who?

Have you changed the PIN code to a combination of your telephone number, car number plate, date of birth or something similar?

Yes No

If so, in what kind of combination?

Which police department (including responsible officers) was notified of the loss? If available, please provide a copy of the police report. The report must be confirmed by the police.

Reference number/Business number _____

Department/Administrative assistant _____

Date _____

 _____

Date _____

Signature _____



Last use of the above-mentioned PostFinance Card before loss/theft

Date _____
Amount _____ Currency _____
Business/Town _____

Please provide a detailed description of the circumstances of the loss and any other useful information

Is card misuse covered by an insurance company?

Yes No

Name of insurance company _____

I confirm that the transaction(s) listed below was /were neither made nor signed by me, nor did I authorize it/them to be made on my behalf.

Date	_____	Town	_____
Retailer/online retailer	_____		_____
Original amount	_____	Amount debited	_____
Date	_____	Town	_____
Retailer/online retailer	_____		_____
Original amount	_____	Amount debited	_____
Date	_____	Town	_____
Retailer/online retailer	_____		_____
Original amount	_____	Amount debited	_____
Date	_____	Town	_____
Retailer/online retailer	_____		_____
Original amount	_____	Amount debited	_____
Date	_____	Town	_____
Retailer/online retailer	_____		_____
Original amount	_____	Amount debited	_____

 _____

Date _____ Signature _____

