

Form Complaint regarding improper PostFinance Pay transactions

Customer / account details

IBAN

Last name

First name

Contact details

I am available on the following telephone number to answer any queries:

Tel. private

Tel. business

Description of loss event (mandatory information)

Does anyone else have access to your PostFinance App, e.g. via your smartphone?

Yes

No

List of improper PostFinance Pay transactions

The transactions listed below were not executed or signed for by me and were not carried out with my knowledge or for my benefit.

Date	_____	Location	_____
Merchant / online merchant	_____		
Original amount	_____	Amount debited	_____
Date	_____	Location	_____
Merchant / online merchant	_____		
Original amount	_____	Amount debited	_____
Date	_____	Location	_____
Merchant / online merchant	_____		
Original amount	_____	Amount debited	_____
Date	_____	Location	_____
Merchant / online merchant	_____		
Original amount	_____	Amount debited	_____
Date	_____	Location	_____
Merchant / online merchant	_____		
Original amount	_____	Amount debited	_____



Rights and obligations

I hereby confirm that I have not given anyone the authorization to execute debits in my name. The transaction(s) listed on this form was/were not executed by me and was/were not carried out with my knowledge or for my benefit.

I also confirm that I do **not** personally know the perpetrator. Should I acquire knowledge regarding 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 by any third parties for the loss incurred. I undertake to inform PostFinance immediately and without being asked of any repayment/partial payment from third parties of the amount of the loss.

By accepting any potential compensation from PostFinance, I explicitly transfer to PostFinance my claims towards the perpetrator in the amount of the compensation received and any potential insurances.

I also authorize PostFinance to report this case to the police and investigating 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 secrecy and bank client confidentiality vis-à-vis all police and investigating judicial authorities.

If a disputed transaction is found to be lawful or the information I have provided is not true, a processing fee may be charged to the account holder.

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, and I accept the following conditions:

I agree that any personal information provided in the documents (e.g. my IBAN, contact details and any information in the supporting documents) that I hand over to PostFinance as part of my complaint may be passed on to any financial institutions involved. These recipients may also be located abroad, in which case Swiss law (e.g. data protection) is limited to Swiss territory alone, thus any data that reaches a foreign country no longer benefits from protection under Swiss law. If my complaint documents contain information that PostFinance may not pass on to financial institutions, I will obscure this information before sending it to PostFinance.

Signature

Location _____

Date _____



Signature _____

Last name _____

First name _____

Please send the form to: PostFinance Ltd, Scan Center, 3002 Bern

To be completed by PostFinance

Partner number _____

