



# Worldwide Wallet Dispute Claim Form.

Please complete this form if you need to dispute a transaction on your Westpac Worldwide Wallet Account.

Please complete and return this form to us within 30 days of initial notification of your dispute (as timeframes may affect the outcome of your claim).

You can expect to be contacted regarding your dispute for either further information or an outcome within 10 days from the date of lodgement.

Please send your completed Dispute Claim Form to us via email at [disputes@MCworldwidewallet.westpac.com.au](mailto:disputes@MCworldwidewallet.westpac.com.au)

## How to complete.

This form is digital - you can complete it on your smart phone (where compatible) or computer and email it to us. If supporting documentation is requested, please include as attachments in the same email.

## Questions?

Call 1300 797 470 in Australia or +61 2 9155 7744 when travelling for 24/7 support.

### Part 1: Cardholder Details - please complete each item in this section.

Full Name

First 6 and last 4 digits of your card number (if known)  
(For security reasons, do not provide your full card number)

|                      |                      |                      |                      |                      |                      |   |                      |                      |   |   |   |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|---|---|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | X | X | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|---|---|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Full Residential Address

Postcode

Email Address

Mobile Phone Number

Please list the transaction(s) you would like to dispute:

| Date of transaction | Merchant Name | Transaction Reference Number | Amount | Currency |
|---------------------|---------------|------------------------------|--------|----------|
| / /                 |               |                              | \$     |          |
| / /                 |               |                              | \$     |          |
| / /                 |               |                              | \$     |          |
| / /                 |               |                              | \$     |          |
| / /                 |               |                              | \$     |          |
| / /                 |               |                              | \$     |          |
| / /                 |               |                              | \$     |          |
| / /                 |               |                              | \$     |          |
| / /                 |               |                              | \$     |          |
| / /                 |               |                              | \$     |          |
| / /                 |               |                              | \$     |          |
| / /                 |               |                              | \$     |          |
| / /                 |               |                              | \$     |          |
| / /                 |               |                              | \$     |          |
| / /                 |               |                              | \$     |          |

Note: If further transactions are to be disputed, please attach a second document with continued list.

**Part 2: Why are you disputing the transactions?**

Please only select one category which best describes your dispute.

**Category One: Unrecognised Transaction(s).**

**I did not make the transaction(s).**  
I have not authorised the charge(s) listed above to my account. Please complete the below additional questions and then move on to part 3.

**1) The card is:**

- In my possession
- Lost
- Stolen
- Retained in an ATM
- Not received in the post
- Other (please provide further details in part 3)

**2) Have you kept a written copy of, or disclosed your PIN to anyone else?**

Yes  No

If yes, please advise where and when this occurred:

**3) If the card is no longer in your possession, please provide date, time and if any other personal property was lost/stolen at the same time:**

Country of Loss

Time  Date

Property lost at the same time:

**4) Where did you last use the card?**

Time  Date

Location

Transaction

**5) Have you informed the police of the loss?**

Yes  No

If yes, please attach supporting documents. If no, please explain why not:

**6) Do you know the person(s) who made these transactions? (If yes, provide further details in part 3):**

Yes  No

**Category Two: Recognised Transaction(s).**

**I authorised the transaction(s), however:**  
Please select only one option below which best describes your dispute and then move on to part 3.

**1) I have not received the merchandise.**

The expected delivery date was

(Please provide copies of any correspondence you have had with the merchant).

By selecting the above, you confirm you have attempted to resolve this directly with the merchant but have been unsuccessful.

**2) I have not received the expected services.**

Note: You must include a physical or scanned copy of the contract or agreement that details these services.

**3) The merchandise I received was defective.**

Note: You must attempt to return the merchandise to the merchant before lodging this claim and then provide proof of return and explanation of the defect.

The merchant's reply was:

**4) The amount I authorised is different than the amount that showed up on my card account.**

Note: If this is a mail/online order, you must include a physical or scanned copy of the sales slip or packing invoice.

**5) I was charged twice (or more) for a single purchase.**

Valid Transaction Value \$

Date Charged

Invalid Transaction Value \$

Date Charged

**6) None of the above reasons apply.**

Please provide a complete description of the problem in part 3.

Note: You must include physical or scanned copies of any correspondence between you and the merchant.

**Part 3: Provide a detailed explanation of the transaction(s) disputed. Use additional pages as necessary.**

**A** Please provide additional information that will help us investigate the dispute:

**B** If you have received a response from the Merchant, please provide details:

**Part 4: Signature and consent.**

I give my consent to have this dispute/claim reviewed and managed by Mastercard, on behalf of Westpac and understand that I may be asked to provide additional details for this investigation.

I declare that all information contained within this form is correct to the best of my knowledge. I understand that the information I have provided will be transmitted overseas for processing, will be used in undertaking possible fraud investigations and may be passed to law enforcement agencies.

I understand that incomplete or inaccurate information could result in the decline of my dispute or a correction to my account.

**Please note: If you are disputing fraudulent transactions, the card(s) associated to these transactions will be blocked (if not already). Anyone who knowingly makes a false statement may be subject to criminal prosecution.**

For more information on how Westpac and Mastercard handle your personal information refer to the [Westpac Privacy Policy](http://westpac.com.au/privacy) (westpac.com.au/privacy) and [Mastercard Privacy Policy](http://mastercard.com.au/privacy) (mastercard.com.au/privacy).

Cardholder Name (*print*)

Cardholder Signature

Date

/ /

If completing this form without printing; ticking this box acts as a virtual signature replacing the need to manually sign.