

**CLAIM**

Date
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Danske Bank A/S \_\_\_\_\_

**Customer**

Business name / first name, surname	
Registration No. / personal identification code / date of birth	
Legal address / correspondence address	
Contact phone number	E-mail
Cardholder first name, surname	
Card number/ Danske eBank user ID	

**I kindly request Danske Bank for assistance related to a refund of payment resulting from unauthorized/ unjustified payment executed using:**

<input type="checkbox"/> Danske Bank payment card and/ or by using its data
<input type="checkbox"/> Danske eBank and/ or by using the issued login-tools
<input type="checkbox"/> ATM by using the Danske Bank payment card
<input type="checkbox"/> Other

**Hereby I dispute the following payment transaction(s):**

Date	Name/location of the point of sale	Transaction amount

**I kindly request to refund above mentioned amounts to my bank account in Danske Bank A/S \***

\*In case the Customer does not have a bank account in Danske Bank A/S, the Customer requests Danske Bank A/S to refund the above mentioned amounts to the Customer's bank account No. \_\_\_\_\_, present in \_\_\_\_\_ bank.

**I dispute the transaction(s) for the following reasons\*:**

<input type="checkbox"/> I have not made the transaction. The card was in moment of transaction stolen / lost.
<input type="checkbox"/> The transaction failed but the amount has been debit to the account.
<input type="checkbox"/> Double debiting.
<input type="checkbox"/> I paid for the transaction in cash or otherwise.
<input type="checkbox"/> I have not made the transaction in this amount.
<input type="checkbox"/> ATM cash withdrawal/deposit operation failed.
<input type="checkbox"/> The ATM did not dispense (withdraw/deposit) the whole amount.
<input type="checkbox"/> I have neither made the transaction myself nor have I authorized anybody else to make it.
<input type="checkbox"/> Other reason, (describe the reason in the field "Additional commentaries by the cardholder or information related with disputed payment transaction").

<b>Signature of the Customer / Representative</b>	<b>Signature of the representative of the Bank</b>
First name, Surname:	First name, Surname:

<input type="checkbox"/> The transaction was complete via Danske eBank using my personal identity confirmation credentials. I have informed the bank that someone might be using my personal identity confirmation credentials via:		
<input type="checkbox"/> Danske eBank	<input type="checkbox"/> Bank's place of Service	<input type="checkbox"/> other
<input type="checkbox"/> I confirm that during card transaction the payment card in the abovementioned cases was:		
<input type="checkbox"/> in my possession	<input type="checkbox"/> stolen	<input type="checkbox"/> lost
<input type="checkbox"/> **The transaction in amount of _____ executed on _____ according to E-invoice automatic payment agreement <input type="checkbox"/> No _____ did not meet conditions of mentioned agreement. I agree that my personal data and information related with this payment would be disclosed to the payment service providers of the payee on refund purposes.		

\* **Note:** Please attach to this claim all documents related to the payment transaction (e.g. copy of the receipt, agreements, correspondence with the merchant etc.)

\*\* For only Danske Bank A/S Lithuania branch customer(s)

**I agree with debiting of the above mentioned amount from my account without my separate consent, if Danske Bank identifies that the above mentioned payment transaction was authorised.**

**Please reply via:**

<input type="checkbox"/> Danske eBank	<input type="checkbox"/> E-Mail*	<input type="checkbox"/> By Mail	<input type="checkbox"/> Phone
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Additional commentaries by the cardholder or information related with disputed payment transaction:

\* All risks regarding sending info via email are accepted.

**I have been informed that: 1) Bank has a right to forward the submitted request and/ or use and provide my personal data to other companies in case it concerns the investigation of the specified situation and request; 2) In case of authorized transaction and according to the rules established by international card organizations chargeback requests concerning cash and purchase transactions are resolved within max 3 months; 3) if this request turns to be unfounded, the fee for a groundless reclamation will be debited from my account in accordance with the applicable Price list.**

Signature of the Customer / Representative	Signature of the representative of the Bank
First name, Surname:	First name, Surname: