

Disputed Transaction Claim Form	Rabobank Australia Limited ABN 50 001 621 129 AFSL 234 700 To contact your nearest branch				
Talk to the world's leading food and agribusiness bank	please call 1300 30 30 33 www.rabobank.com.au				
<ul> <li>The purpose of this form is to dispute a transaction and to make a claim for correction and/or compensation.</li> <li>Once complete, please return via either of these channels:</li> <li>Email to sydney.client.services@rabobank.com</li> <li>Reply Paid 4577, Rabobank Client Services, Sydney NSW 2001</li> <li>For further assistance call Rabobank Client Services on 1800 025 484 (6am-8pm Monday to Friday, Sydney time).</li> </ul>					
Section A Client Details					
Client Number Visa Credit / Debit Card Number					
Section B Dispute Type					
Unauthorised transaction       Duplicated transaction       Payment not received         Incorrect amount       Incorrect Payee/Recipient       Deposit not credited					
NOTE: If you wish to dispute multiple transactions, please provide a copy of the relevant transaction listing(s) highlighting all transactions that you did not authorise or participate in, and want to claim for correction and/or compensation.					
Section C Transaction Type					
Cheque Direct Credit Direct Debit Debit Card					
Section D Dispute Details					
In your own words describe the disputed transaction					

## Section E Transaction/Claim Details

## Transaction date

/ /
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## Transaction and Claim Amounts (if the transaction was unauthorised leave amount attempted blank)

Amount Attempted	Amount Received or Issued	Amount Claimed	
Cheque			
Bank Name		Branch	
Cheque number		Payee	
Direct Entry (Debit or Credit)			
	Account Name		
Account Number	Direct Entry Refe	erence	
Card			
Cardholder Name			
Visa Credit / Debit Card Number			
Card Expiry Date Merc	hant Name		Transaction Reference Number
/ /			
ATM EFTPOS C	ard purchase		
If an ATM dispute, ATM location		ATM Owner	

I acknowledge in signing this form I am making a statement that the above transaction is not correct. I am making a claim for compensation where available under the terms and conditions of the relevant account. I understand that Rabobank will make a decision after investigation, as governed by the terms and conditions of the account.

Name of Signatory	Date / /	Name of Signatory	Date / /
Signature		Signature	