

Bank Card Transaction Dispute Form

In order for us to process your request correctly, we ask that you carefully complete all sections below and return the form to us via the "Mon Conseiller" messaging service or sign it at your branch.
If you have more than one card, please kindly complete one form per each card.

Name and surname of cardholder ⁽¹⁾:

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Account number ⁽¹⁾:

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Bank identifier code

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Branch code

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Account number

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RIB code

Credit card number ⁽¹⁾:

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Important: do not attach your card to the form. You can give it to your consultant who will make the necessary arrangements.

Your card is ⁽¹⁾ (check one of the following 4 boxes):

☐ **Lost or stolen and you dispute the transaction(s) debited**

(complete sections 1, 4 and 5 only)

☐ **In your possession, but you have a problem with the payment(s) you have made**

(complete sections 2 and 5 and, if necessary, section 4)

☐ **In your possession, but you have a problem with the withdrawal you have made**

(complete section 3 only)

☐ **In your possession or has been entrusted to a third party, but you dispute and declare on your honour that you never or authorised anyone else to carry out the transaction(s) referred to in section 5**

I requested my card to be blocked ^(*) on:

(complete sections 4 and 5 only)

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(day/month/year)

(*) Block required. If this is not the case, please call
(dial +33 800 970 179 from abroad)

0 800 970 179

Service & appel
gratuits

24 hours a day, 7 days a week

1. My card has been LOST or STOLEN

I hereby deny and declare on my word of honour that I have never carried out the following transaction(s):

My card is⁽¹⁾: ☐ lost ☐ has been stolen

The PIN was written on the card or on a document that could have been stolen with the card ⁽¹⁾

☐ Yes ☐ No

I discovered that my card was lost or stolen on (day/month/year) at (hh:mm)⁽¹⁾

I requested my card to be blocked^(*) on: (day/month/year)⁽¹⁾

(*) Block required. If this is not the case, please call **0 800 970 179**  24 hours a day, 7 days a week
(dial +33 800 970 179 from abroad)

The last PIN-validated transaction made with my card before it was lost or stolen⁽¹⁾:

Date: (day/month/year) Time: (hh:mm)⁽¹⁾

Amount: €

Merchant's name if a payment:

Bank's name if a withdrawal:

If your bank card is lost or stolen, we recommend that you file a police report. If you wish you can submit that report along with this dispute form.

If I find my card, I agree to return it to my branch immediately.

2. My card is in my POSSESSION, but I am experiencing a PROBLEM with the PAYMENT I made

I acknowledge that i have made the payment statement in the “Transaction Details” box below in section 5, but: (check the appropriate box)⁽¹⁾

☐ My account has been debited several times, but I have only made one transaction of €

☐ I paid my bill in a different way but was still debited

☐ I have not received the goods or service I requested, or the goods or service are not as advertised

Delivery was scheduled for: (day/month/year)

☐ The amount debited from my account is € whereas the amount of the transaction was €

☐ My account was debited but the transaction was cancelled

If your request relates to a disputed transaction, please detail the circumstances in section 4

(and attach any supporting documents).

Your dispute is acceptable only if you have previously tried to resolve the dispute with the merchant, which you must justify to us by which must be justified to us by all means at your disposal (exchange of emails, letters and supporting documents relating to this transaction. An order or invoice, credit note, bank card receipt).

3. My card is in my POSSESSION, but I am experiencing a PROBLEM with the WITHDRAWAL I have made

I acknowledge that i have made the withdrawal(s) listed in the table below ⁽¹⁾ but:

(check the appropriate box) ⁽¹⁾

- ☐ I made only one transaction of € but it was debited several times
- ☐ My account was debited with € when the amount of cash paid out was €
- ☐ My account was debited when the transaction was cancelled

Date of the transaction	Name of the bank/ location of the withdrawal	Amount €
Total number of disputed transactions <input type="text"/>		Cumulative total of amounts

4. DETAILS OF THE CIRCUMSTANCES

Give details of the circumstances of your dispute ⁽¹⁾:

- Examples of expected elements:
- Detailed sequence of events.
 - Contextual information: temporality, geography of facts, environment.
 - Police Report to be attached if applicable.

5. DETAILS OF DISPUTED TRANSACTIONS

Please provide details of the disputed transactions below, including the date of the disputed transaction, the name of the merchant and the amount.

DETAIL OF OPERATIONS ^(*)				
Transaction date (dd/mm/yyyy)		Qt.	Merchant name or bank name for an amount withdrawal in	AMOUNT € (cumulated)
Start date	End date			
Total number of disputed transactions			Running Total	

I authorise the CCF to use the information I provide to file a Police Report if necessary.

As part of this dispute and to enable further investigation, the Bank is likely to ask you for a full copy of the police or gendarmerie report.

Any false declaration is punishable by law.

* If the dispute involves several transactions with the same merchant, you can enter the period in the period (start date and end date) in the «Transaction Date» column and the total amount of the total amount of the disputed transactions with that merchant.

Executed in ⁽¹⁾:

On:

Account holder's signature ⁽²⁾:

(1) Mandatory information to complete.

(2) If necessary, print, sign and return this dispute form to your branch.

CCF is responsible for the processing of your personal data. Information collected in connection with disputes relating to bank card transactions is essential to process your reimbursement. Your data will be kept in accordance with the time limits set by the regulations in force.

You have rights regarding the information collected, in particular, the right of access, rectification, restriction of processing, portability and the right to specific and general instructions regarding storage, deletion and communication of your data after your death. You may exercise these rights by sending an email to dpo@ccf.fr or writing to the following address: CCF - Data Protection Officer - 103 rue de Grenelle - Paris 75007.

If, after contacting us, you believe that your rights have not been respected, you can file a complaint with the CNIL at the following address: Commission nationale de l'informatique et des libertés - 3 place de Fontenoy - TSA 80715 - 75334 Paris cedex 07 or via the website www.cnil.fr/fr/plaintes.

For more information about your rights and the management of your personal data, as well as the retention period of your personal data, please refer to our retention requirements, please consult our "Personal Data Protection Policy" available at <https://www.ccf.fr/protection-des-donnees>