

DISPUTED TRANSACTIONS FORM.



Please fill in this form and send us any relevant documents that will help us find out what has happened and try to resolve things for you.

Please complete all 5 sections.



Before we look into your dispute, you first need to contact the merchant to see if you can resolve the problem.

SECTION 1 – YOUR CONTACT DETAILS.

Account holder name: _____

House name or number: _____ Post code: _____

Last 4 digits of your account number

How can we contact you?

We'll contact you by post, but please let us know if we can also get in touch by phone or email.

Telephone number: _____

Email address: _____

SECTION 2 – YOUR DISPUTED TRANSACTION(S).

Please add the transaction(s) to the table below. If you run out of space, please use **Section 4**.

	Transaction date	Merchant name (as shown on statement)	Transaction amount	Disputed amount (if different)
1				
2				
3				

Before we look into your dispute, you first need to contact the merchant to see if you can resolve the problem. Please provide details of who you contacted, when, and what happened.

SECTION 3 – WHICH REASON BEST DESCRIBES YOUR DISPUTE(S)?

Please tick the one box that best matches your dispute. Or, if you have more than one, tick the boxes that best match each dispute.

Please be sure to send us any documents we require, highlighted in blue below – copies and photographs are fine.



I have cancelled the regular payment / subscription / membership / annual renewal

I cancelled this on ____ / ____ / ____
DD MM YYYY

Please send proof of cancellation where possible, for example, confirmation from the merchant.

I have been overcharged

I only agreed to pay £ _____

Please provide proof, for example, a copy of your receipt or invoice showing the amount you agreed to pay.

I have paid by other means

I have paid by (please tick one)

Cash Credit / Debit Card
 Cheque Other

Please send us at least one of the following:

- A receipt for cash paid
- A copy of the cheque (front and back) from the bank
- A copy statement showing the card transaction
- Any other document showing how you paid
- Please provide further information in **Section 4**

I have not received the goods/services/tickets

Note for this Dispute: Please allow 30 days from the transaction date to pass prior to returning this form. For event tickets (e.g. concert) we cannot dispute the transaction before the event date, unless you can provide proof you will not receive the tickets or the event has been cancelled.

The latest date I was expecting to receive this was: ____ / ____ / ____
DD MM YYYY

Please include a copy of your receipt or invoice. In **Section 4**, provide a detailed description of what you ordered.

I have not received the correct amount of cash from the cash machine

Amount not received: £ _____

None required

I have not received my refund

I expected a refund of £ _____

I cancelled my goods/services on ____ / ____ / ____ (if applicable)
DD MM YYYY

Please send us a copy of either:

- A refund receipt with card number/amount/date of refund
- The merchant's return and/or cancellation terms

The goods/service were faulty or different to what I ordered

I received the goods/service on ____ / ____ / ____
DD MM YYYY

In **Section 4**, please provide details of what is wrong with the goods/service.

Please provide us with copies of:

- Photographs
- Proof of return and/or cancellation
- A report from a relevant independent specialist on their own letterhead
- A copy of the receipt/invoice

I do not recognise the transaction(s)

I/we had our cards when the transaction happened. I have tried to contact the merchant without success.

None required

None of the above

In **Section 4**, please provide full details of your dispute.

Please provide copies of any paperwork or documents that will support your dispute.

SECTION 4 – ADDITIONAL INFORMATION.

Please provide as much information about your dispute along with the information we asked you for in **Section 3** to help us investigate your dispute:

SECTION 5 – YOUR DECLARATION.

By ticking this box, I, and any additional cardholders confirm that the information I've provided is true to the best of my knowledge. That, I/we are happy for Capital One to contact the merchant, my bank and relevant parties to discuss the dispute, disclosing account details and information where needed.

ACCOUNT HOLDER'S SIGNATURE (REQUIRED):

Please tick the box.

DATE:

REMEMBER:

BEFORE YOU SEND US YOUR FORM.

Make sure you have:

- Checked all sections are completed correctly
If you complete the form incorrectly, or don't provide a detailed explanation where required, there may be a delay in processing your dispute
- Sent us all the documents we've asked for
It may not be possible to help you with your dispute unless all required documents are submitted with the form
- Complete the signatory box

We will review your form and documents to assess what's happened. Then we'll give you an update within 21 days, either by letter, email or phone.

Return Information

Please return this completed form along with any supporting documentation to one of the following:



POST

Capital One, PO Box 9766, Nottingham NG2 9HY



EMAIL

UKDisputes@capitalone.com

As email is not secure, we can't guarantee that any emails you send to us will not be intercepted or interfered with by third parties.



FAX

0115 843 3657

Did you know: You can use your smart phone to take photographs of this form and supporting documentation and send them to the email address above. These images will be accepted as long as they are clear and all text is legible. Please do not resize any images.

Emails that are sent should not exceed 10MB each, but you can send multiple emails if required. You'll get a confirmation email from us once we've received your email.