

Customer's name, last name/ title	
Personal identification number/Code	
Correspondence address:	
Tel.	
E-mail	
No and expiry date of the card used to perform the performed	

INQUIRY / APPLICATION / PAYMENT CARD DISPUTE

Please explain the following disputable operations:

Date	
Place	
Amount and currency	

Date	
Place	
Amount and currency	

If the number of transactions is higher, please submit an account statement with the disputed transactions marked.

Please choose the case from the following that best describes the essence of your enquiry/request/Payment card dispute.

If necessary, provide an explanation on the reverse side of the sheet and attach the documents you will rely on in the dispute.

<input type="checkbox"/>	The ATM did not dispense money or dispensed the wrong amount (please specify which).
<input type="checkbox"/>	Bank account did not credit cash or credited with the wrong amount for an ATM deposit credit transaction.
<input type="checkbox"/>	I did not perform this payment transaction and I did not authorise anyone to perform it (in this case the Card is blocked). In the event of non-recognition of card transactions, please answer the questions set out in the Annex to this form.
<input type="checkbox"/> Agree with the blocking of the card <input type="checkbox"/> I object to the blocking of the card*	
<p>*Please note that according to the Rules on the provision of payment services of Šiaulių bankas, Jums you will be liable for all the losses incurred due to unauthorised payment transactions, if you have incurred them due to your dishonesty, gross negligence or intentional failure to comply with the obligations set out in the Rules in relation to the blocking of the payment instrument, including a negative balance on the bank's account, which must be reimbursed by you to the Bank.</p>	
<input type="checkbox"/>	My account has been debited repeatedly, i.e. I only made one transaction at the above location.
<input type="checkbox"/>	The amount debited from a bank account is different from the amount of the payment transaction.
<input type="checkbox"/>	Goods/service not received (please specify/provide on which website/e-shop the goods/services were purchased; which goods/services were purchased; when the goods/services should have been received; whether you have received an Order confirmation/'Internet Payment Transaction Declaration' Yes/No. If 'Yes', please provide).
<input type="checkbox"/>	Other reason (please explain on the back of the page)

I confirm that I am aware and agree that if the Payment Card Dispute submitted by me is found to be unsubstantiated, a fee as set out in the Bank's Fees for Services may be charged for the collection of the documents evidencing the transaction made.

Name, surname and signature of the Client or his/her representative	
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BANK'S NOTES

Name and surname of the Bank's employee who has accepted the document	
Signature and date	

ANNEX TO THE CLIENT PAYMENT CARD DISPUTE FORM

(COMPLETED IN THE CASE THE CLIENT DENIES HAVING CARRIED OUT THE TRANSACTION WITH THE CARD ISSUED TO HIM/HER)

The answers to the questions below may be useful to the Bank in cooperating with law enforcement authorities,
to clarify the circumstances under which the loss occurred and to seek recovery.

1. I dispute the payment transactions listed below because I did not perform them with the payment card issued to me and I did not authorise anyone to perform any of them (please choose one or more options):

- ☐ Cash payment operations
- ☐ Payment for goods/services
- ☐ Online payment operations

2. I noticed the unauthorised operations (please indicate the date and time)

.....

3. Have you contacted law enforcement authorities, such as the police, about the loss of funds?

☐ Yes (please specify date, institution, police station, pre-trial investigation file number and other information)

.....

☐ No

4. In connection with the operations being disputed the card:

was lost, stolen; I was holding the card, had left at home, at work, etc. (indicate)

.....

5. How did you notice/learned the debited amounts (having checked the balance at the ATM/online bank, having called the Bank, etc.)

.....

6. Have you contacted the Bank asking blocking the card

☐ Yes (please indicate the date and time, approximately)

☐ No

7. Where do you ordinarily keep the card?

- ☐ Wallet, handbag
- ☐ I do not carry the card with me, take it only when I need
- ☐ Other (indicate)

.....

8. Where do you keep your card PIN?

- ☐ At home
- ☐ Carry it with the payment card
- ☐ I have memorised it
- ☐ Other (indicate)

.....

Name, surname and signature of the
Client or his/her representative

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