

Disputed Transaction Claim Form

Please fill out this form in full so we can deal with your claim as quickly as possible. You'll also need to include copies of any information that could support your claim – like correspondence between you and the merchant, or guarantees you've been given. **Just make sure you write your card number at the top of every page you send us.**

Primary Cardholder details

Title Surname
First name(s)
Card Number

Secondary Cardholder details (if relevant)

Title Surname
First name(s)
Card Number

Contact details

Address

 Postcode
Home phone include dialling code Mobile phone include dialling code
Email address

Section 1: Details of goods or service purchased

Name or description of goods/service

Please include copies of any invoices, advertisements or product pages that describe the goods/service.
Service provider/supplier
If the service provider is different to the company that debited your account, please include their name (e.g. the tour provider if you booked through a travel agent).

Cost of item £ Date of transaction / /

Did you receive the full goods/service? Yes ☐ No ☐

If no, please describe what was missing

Does the partial receipt of the goods/service make the original purchase unsuitable or unacceptable? Yes ☐ No ☐ If yes, complete Section 2

Are the goods or service not as described or faulty? Yes ☐ No ☐

If yes, please describe why

The expected delivery date (if one was given) / /

The agreed delivery address/location

Were they delivered to this location? Yes ☐ No ☐

Did you authorise another person to sign for the delivery on your behalf? Yes ☐ No ☐

If yes, please provide details, including the signature of the person you authorised to accept the delivery.

Please explain how you've attempted to resolve this with the merchant. If you need more room, use a separate sheet and attach it to this form. Just make sure you write your name at the top of the page for our reference.

What was the outcome?

The merchant contact name and contact details

Is the merchant/company still trading? Yes ☐ No ☐

If no, have you contacted the liquidators? Yes ☐ No ☐

If yes, please include a copy of their response or details from their website

Section 2: Have you returned the goods or attempted to cancel the service?

Complete the following details and enclose a copy of proof of return where available

Goods returned

Date goods received / /

Date goods returned / /

Date goods received
by retailer (if available) / /

How you returned the goods (e.g. post, courier, shipped)

Name of company used (if available)

Invoice/Tracking number (if available)

Goods attempted to return/cancelled service

Date of attempted return / /

Name of contact in retailer (if available)

Communication method used (e.g. telephone, email, letter)

Did the merchant refuse delivery? Yes ☐ No ☐

If yes, what reason did they give? Please provide proof

Section 3: Detail of payment for goods/service

Did you pay for the total amount with your Barclaycard credit card? Yes ☐ No ☐

How did you pay the remaining amount?

(Please provide a copy of either the cheque, receipt of bankers draft or cash – if applicable)

If the rest of the balance was paid by another company under Section 75, include their name below and explain what the outcome was when you approached them.

Has any payment been made to you by the service provider/supplier? Yes ☐ No ☐

If yes, please advise the amount £

(Please attach copies of ALL correspondence between yourself and the service provider.)

Section 4: Type of claim

We need to understand whether your claim is due to a breach of contract or whether you believe the supplier misrepresented the purchase. Please describe your claim below, including as many details as possible to support it. You can use a separate sheet if needed.

Was the contract/misrepresentation written or verbal? Written ☐ Verbal ☐

Do you have written terms of the contract with the service provider? Yes ☐ No ☐

If yes, explain which term(s) you think have been broken and attach a copy of the document with this form.

When did you become aware of the defect in the goods or service? / /

If you purchased goods, did you inspect them on purchase or on delivery? Yes ☐ No ☐

Section 5: The claim amount

The amount of the claim £

Are you claiming for the full cost of the goods/service? Yes ☐ No ☐

Or are you claiming for the cost of repairs? Yes ☐ No ☐

Have you obtained either a quote for the cost of repairs from an independent tradesman or a specialist report (if the goods are faulty or the service was inadequate)? Yes ☐ No ☐

If yes, please fill out the below details and include a copy of the quote or report with this form.

Specialist name:

Specialist contact number:

Have you had any use of the goods or service? Yes ☐ No ☐

If yes, please specify:

Have you commenced any legal proceedings against the service provider/supplier? Yes ☐ No ☐

If yes, please attach a copy of the legal documents (e.g. the claim form, the particulars of the claim or any other documents in the case).

Statement of Truth:

I believe that the statements made in this form are true. By signing this form, I agree that in order to progress with the claim, the credit card provider may discuss all of the details contained herein with: the service provider/supplier; any other creditor; and any independent specialist, to whom I have referred in this form.

Signature

Full name (in capitals)

Date / /

Checklist:

Use the below checklist to make sure you've included all the relevant documents. Please make sure you only include copies and that you write your credit card number on every page you send.

- | | |
|--|--|
| <input type="checkbox"/> A copy of the original invoice/contract to confirm there's a Debtor, Creditor or Supplier Agreement | <input type="checkbox"/> Copy of all correspondence between yourself and the service provider/supplier |
| <input type="checkbox"/> Terms and Conditions | <input type="checkbox"/> Copy of any reports/repair estimates |
| <input type="checkbox"/> Warranty/guarantee (if applicable) | <input type="checkbox"/> Any other documentation |

Return completed form

Please return your completed form, together with the required documents to our FREEPOST address: FREEPOST BARCLAYCARD DISPUTES.