

Register no.   Date

Contract

**SECTION 1**

Member number

Card holder name

Card holder address

Street no. and name

Suburb  State  Postcode

Contact phone numbers  Home  Work/Mobile

Access Card/Visa Card no. options

**SECTION 2**

Type of Complaint (Please tick appropriate box)

- (a) **System Malfunction** (copy of RP011 to be attached)
- (1) ATM cash dispensing malfunction
- (2) Other malfunction
- (NB: Section 3 must be completed)
- (b) **Unauthorised Transactions** (copy of RP011 to be attached)
- (1) Card lost or stolen
- (2) Card or PIN NOT lost or stolen
- (3) Other
- (NB: Section 4 must be completed)

**SECTION 3**

System Malfunction - Transaction Details

Date  Time  WDL/DEP

ATM owner  Terminal ID

Location  Sequence no.  Card captured?  Yes  No

Details of problem

Amount requested \$  Amount received \$

Member signature  Signature  Date

**Staff use only**

Call ref no.  EFT ref no.  Claim no.

**SECTION 4**

**Unauthorised Transactions - Complete all boxes**

**Card Loss Circumstances**

1. Was card signed?  Yes  No

2. Was card  Lost  Stolen

Date	Time	Place
Date	Time	Place

3. Loss reported to Organisation

Other	Date	Time	Where
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4. Loss reported to  Police

Incident no.

**PIN Circumstances**

5. Was the PIN recorded or kept?  Yes  No

If so where?

6. Was record of PIN  Lost  Stolen

Date	Time	Place
Date	Time	Ref. No.

7. Loss reported to Organisation

Other	Date	Time	Where
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8. Loss reported to  Police

Incident no.

9. Has PIN been disclosed to anyone?  Yes  No

10. If YES to whom has PIN been disclosed?  Spouse  Family Other

11. How and where did the loss of the card/PIN occur (include information regarding any other institution's card)

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

12. Date of last valid transaction  Amount \$

Member signature  Signature  Date

**Staff use only**

Signatures verified  Received by

Service Centre

Date

Completed by

Date

GCPT01-V1-0916