

You must complete the form electronically

The merchant has charged more times for the same purchase, or another amount than agreed

Before you make a dispute, you must contact the merchant. This is often the quickest way to correct a mistake. If it has not been possible to solve the matter with the merchant, then please complete this form.

It is important that you complete all the fields on this form.

You must enclose/attach the following documents, showing:

- That the merchant has charged multiple times for the same purchase.
- That the amount charged differs from the agreed.

After completing the form, please print it out and sign it.

You can choose to send it by post to:

Danske Bank
Fraud Management
Holmens Kanal 2-12
DK-1092 Copenhagen

Or, you can scan the signed form and send it as an attachment

- via a secure line through your eBanking, or
- by e-mail to: indsigelse@danskebank.dk

Please be aware, that when sending by e-mail, there is a risk that unauthorised parties can read and change the contents.

After receipt of your dispute, we will handle your case as soon as possible. It may also be necessary for us to contact you in connection with the handling of your case.

Cardholder's details

Name of cardholder		Date of birth
E-mail address		
Telephone No. (Daytime)		Mobile No.
Reg. No.	Account No.	Last 4 digits of the card number

Danske Bank, Fraud Management, Holmens Kanal 2-12, DK-1092 Copenhagen

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Cardholder name

Last 4 digits of the card number

Dispute reason:
Amount paid by other means, or incorrect transaction amount.
Disputed transactions: One transaction per line

Date of purchase	Merchant name	Dispute amount and currency	Dispute amount in DKK

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Information from cardholder

What happened? (select the relevant box(-es) below:)

<input type="checkbox"/> I have made one purchase, but the amount has been charged twice or more	<input type="checkbox"/> The merchant asked me to make the payment several times
<input type="checkbox"/> The merchant asked me to make the payment in another way	
<input type="checkbox"/> The merchant has charged a different amount than agreed	<input type="checkbox"/> The agreed amount was: _____
<input type="checkbox"/> The merchant has charged in a different currency than agreed	<input type="checkbox"/> The agreed currency was: _____
<input type="checkbox"/> Other (describe) _____	

Date when the merchant was contacted (DD-MM-YYYY) _____

The merchant was contacted by: E-mail Phone Homepage Letter

Other (describe) _____

What was the result of the request? (set x)

<input type="checkbox"/> The merchant has not responded to the request	<input type="checkbox"/> The merchant has promised to return the amount (attach documentation)
<input type="checkbox"/> The merchant cannot see that an error occurred	<input type="checkbox"/> The merchant states that the amount has only been received once
<input type="checkbox"/> Other (describe) _____	

Please include documentation stating:

- that you have paid for the same product or service several times
or
-the agreed amount.

If there is other documentation that may be relevant, please enclose.

Customer affidavit

I solemnly declare that the information is correct. If the case is investigated by the police, I hereby consent to the Bank providing the police with any information they may require in connection with the case.

Date

Cardholder's signature