

CB30 - Non receipt of Goods or Service

Customer Name: _____

Sort Code: _____ Account Number: _____

Last 4 digits of card number used: _____

Date of transaction(s)	Merchant Name	Amount
_____	_____	_____

Description of what was purchased: _____

Date of expected purchase: _____

Please specify the agreed location for delivery of goods/services: _____

Please confirm goods/services not received. Delete as required - YES NO

Visa regulations stipulate that you need to attempt to resolve with the retailer before we can progress further and take action on your behalf.

Date attempted to resolve with retailer/liquidator: _____

Method of communication: _____

Name of contact (if known): _____

Retailer response: _____

If this claim relates to, a company that has gone into administration please provide confirmation from the administrators/liquidators that the goods/service will not be received.

Or if the claim relates to, the non-receipt of travel services, please provide details that, the relevant bonding authority has advised the bond is insufficient to cover the claim.

I agree you may discuss the case and pass a copy of this statement to the retailers/suppliers listed above and/or the acquiring banks or agents involved in the processing of these transactions.

Signature of customer; _____ Date: _____