

You must complete the form electronically

An error has occurred when I tried to withdraw/deposit cash in an ATM

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

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

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Cardholder name
Last 4 digits of the card number

Dispute reason:
Funds not received from ATM.
Disputed transactions: One transaction per line

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

Information from cardholder

Which ATM did you use? (Bank / address) _____
What happened? (describe) _____ _____
Did you receive a part of the amount? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the currency and amount: _____
Date of withdrawal/deposit (DD-MM-YYYY) _____
Time of withdrawal/deposit (HH:MM) _____
Please enclose the documentation that may be relevant. For example, the receipt from the ATM.

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