



FORM OF PAYMENT TRANSACTION DISAVOWALS

To **Banca UBAE S.P.A.**

Branch _____, date _____

I the undersigned: _____

born in: _____ () , on _____

resident in: _____ () ph. _____ ,

hereby notify the disavowal of the transactions set out below, charged on the following account:

Current account no. _____ held in the name of: _____

at the branch _____

Card no. _____ held in the name of: _____

Transactions subject to disavowal:

Accounting Date	Amount EUR	Description
Tr. Type		

Accounting Date	Amount EUR	Description
Tr. Type		

Accounting Date	Amount EUR	Description
Tr. Type		

Accounting Date	Amount EUR	Description
Tr. Type		

Accounting Date	Amount EUR	Description
Tr. Type		

In relation to the above, I declare that:

the transactions were not authorized

the transactions were authorized by me, but by different beneficiary or amount

the transactions were authorized by me, but arranged at the request of third parties

the creditor was notified of mandate cancellation no _____ as from _____ ; I attach a copy of
the cancellation notice sent to the creditor

Description of what happened

Example: date, time, place, how the transaction took place, eventual report received.

Other circumstances in which the transaction took place, eventual activity carried out.

I authorise the Bank to initiate all appropriate investigations with reference to the above transactions, thereby undertaking to provide any additional useful information.

I request the refund of the amount of the above transactions subject to disavowal:

on the account referred above where the transactions were charged

on the account referred below having the same heading of the account where the transactions were charged:

Current account no. _____ held in the name of _____ at the branch _____

Card no. _____ held in the name of _____

I acknowledge that:

- A. within the business day following receipt of this form, if received by 15:30, the Bank shall reimburse the amount of the transactions indicated above, save as in the event of suspicion of fraud; The form received after 15:30 is considered received on the following business day;
- B. if it was later proven that the transactions had been authorised, the Bank shall be entitled to obtain the return of the amount reimbursed, restoring (within 120 days from the date of receipt of this statement) the account situation as if the reimbursement had not taken place, giving notice thereof to the undersigned;
- C. after the mentioned deadline, if the reimbursement turns out to be not due wholly or partly, the Bank shall not proceed to restore the account situation as indicated in point B, despite retaining the right to obtain the return of the amount not due.

I also declare:

to have filed a complaint in relation to the above on
with the following competent Authority .

that I couldn't submit a formal complaint to the competent Authority in relation to the above for the following
reasons ;

- to have provided with this form data and information whose accuracy, completeness and truthfulness I assume the full liability;
- to be aware about the consequences following the possible falsity of some or all of these data and information and the related responsibilities;
- to keep the Bank relieved of any liability that may result from the initiatives undertaken as a consequence of eventual false statements made by me in this statement.

The following documents are attached:

- identity document (front and back)
- eventual complaint / police report

Place and date

Account holder's Signature



Y O U R P A R T N E R I N T R A D E F I N A N C E

www.bancaubae.it

f Banca UBAE SpA
in Banca UBAE S.p.A.