



## AFFIDAVIT

Return by FAX: 1300 664 197 or POST: Diners Club Disputes GPO BOX 40, Sydney NSW 2001

I, \_\_\_\_\_ hereby attest as follows:  
First, Middle and Last Name of Cardmember

1. My Diners Club Card number is \_\_\_\_\_

2. The amounts and currency of the charges in dispute is \$ \_\_\_\_\_ AUD

3. The date of the charges in the dispute is \_\_\_\_\_

4. The facts surrounding the charge in dispute are as follows. State all information known regarding the disputed charge such as whether you as the cardmember has any knowledge of or assented to the charge in dispute, whether you authorised any third person to use the card, whether the card was in your possession at the time the charges were incurred, or whether you received the goods or services which were charged, etc.

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Signature of Cardmember

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Date