



### Retailer Claims Form

Name:

DOB:

Address:

Email:

Contact Number:

Preferred Contact Method (please tick):

Email:  Phone:  Letter:

Preferred Contact Time (please tick):

Morning:  Afternoon:

Account Number:

### ACCOUNT Dispute

Retailer name:

Purchase date:

Purchase amount £:

Disputed amount £:

Description of Claim: Tell us about your claim. Please give us any information you think is relevant, including what's happened.

Desired Outcome: Please indicate what outcome you are looking for to resolve your claim

Send your complete form to: Ikano Bank, PO Box 7221, Willenhall WV1 9DR