

REKLAMACIJA IMETNIKA KARTICE
(Cardholder reclamation)

VISA AUSTRIA
INVALIDENSTRASSE 2
A-1030 WIEN
DEPARTMENT OF RECLAMATION
CEE-Project-Office
tel. (+431) 711 11 541
fax: (+431) 711 11 549

BANKA IZDAJATELJICA (ISSUING BANK)

Naziv banke (name of the bank) : UniCredit Banka Slovenija d.d.

Enota banke (branch): _____

Kontaktna oseba (contact person): _____ Fax: (+386) 1 587 64 82

OSREBNI PODATKI O IMETNIKA KARTICE (PERSONAL IDENTIFICATION)

Številka kartice (card number): _____

Priimek in ime (client name): _____ Rojen(a) (date of birth): _____

Stalni oz začasni naslov (address):

REKLAMACIJA TRANSAKCIJE (RECLAMATION OF TRANSACTION)

Datum transakcije (transaction date): _____

Znesek transakcije (transaction amount): _____

Trгоvec, pri katerem je bila izvršena sporna transakcija (merchant where the transaction was made):

Kraj transakcije (place of transaction): _____ Datum bremenitve (booking date): _____

IZJAVA IMETNIKA KARTICE (cardholder statement): _____

Kraj in datum (place and date): _____ Podpis imetnika kartice (signature): _____