

Dear Customer

Flybe Ceased Trading

This form is only to be used for disputed transaction(s) relating to the failure of Flybe.

To start our investigation, please complete the disclaimer form below and return it within **14 days** to the following address:

M&S Bank
Chargeback Department
PO Box 10565
51 Saffron Road
Wigston
LE18 9FT

It is important that you include a copy of your receipt, invoice, letters, and emails to and from the retailer when you return the disclaimer form. Please do not return this claim form unless you have attached all relevant information and documentation, failure to do this may delay your claim.

If any part of your claim relates to a consequential loss, please ensure you provide details of how these losses have occurred, by providing receipts and supporting documentation where applicable.

Once we receive your form and supporting documentation, we'll process a claim for the disputed transaction(s). If the retailer challenges this, we'll contact you again to explain what happens next as you may have a claim under section 75 of the Consumer Credit Act.

You will hear from us within 60 days of receipt of your completed claim form. If you need any further information on the current situation, please refer to our website marksandspencer.com/bank

Yours sincerely



Heidi Griffiths
Dispute Resolution and Chargeback Manager

PLEASE DO NOT AMEND OR DELETE THE WORDING ON THIS DISCLAIMER IN ANY WAY. ANY ADDITIONAL COMMENTS MUST BE MADE ON A SEPARATE SHEET OF PAPER.

ARN's *(office use only)

Section 1 Principal card holder details

Surname		Initials	
Account number		Address	
Email address			
Postcode		Contact number	

Section 2 Please ensure that all disputed items appear below (put a line through any transactions that you no longer wish to dispute, and add any additional disputed transactions).

Date	Retailer name	Amount billed(£'s)	Disputed amount	Local amount

Travel services purchased (tick all applicable)

Flights only Flights and accommodation Cruise Hotel/apartment
Car hire Transfers Insurance
If your transaction includes flights are they still available? Yes No
If yes, are you intending to travel on the flight? Yes No

Please complete the card number used to make the above transactions **529930**

Section 3 Nature of dispute and attempted resolution – PLEASE COMPLETE ALL THE BOXES

Date travel services to be provided	
Description services purchased	

Please describe the circumstances surrounding your dispute

Before this dispute can be raised with Mastercard you have to contact, or attempt to contact, the retailer in an effort to resolve the dispute. If you have not done this, we are unable to investigate this matter under the Mastercard dispute process.

I attempted to resolve the dispute with the retailer on

Please detail how you did this (attach additional pages if necessary)

What was the retailer's response to your dispute? (Attach additional pages if necessary)

Section 4

Declaration and Signatures

I wish to pursue a claim under the Mastercard dispute process.

The retailer is unwilling or unable to provide the travel services purchased, adjust the price or issue a credit.

OR

The travel services purchased did not conform to their description. The retailer has refused to adjust the price, rectify the service, replace the services or issue a credit for the disputed amount(s).

I can confirm that I have provided you with copies of all documentation that I have received to date relating to this transaction (receipt, invoice, letters, emails to and from the retailer, it is essential that you include bonding authority information etc).

Account holder signature		Date
Account holder name (please print)		
Authorised user signature		Date
Authorised user name (please print)		

Additional information (attach additional pages if necessary)