Dispute Management System (DMS)

For ASPSPs and TPPs

Data Case Form

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| **Date:** January 2018**Version:** 1.0**Classification:** PUBLIC |

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| **Note** |
| * This form may be adapted and/or used as required.
* This form is to be completed with reference to the Code of Best Practice.
* Any personal data must be processed in accordance with Data Protection Law.
* ‘*Evidence’* as described in this form refers to any documented actions, processes, facts or information that can be traced and/or provided when requested to.
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| **Section A - Attachments** |
| [ ]  Permission from claimant[ ]  Final response letter issued[ ]  Other – please list |
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| **Section B – Case Summary**  |
| 1 | Has the Payment Service User (PSU) agreed to submission of this form on their behalf?  | [ ]  Yes[ ]  No |
| 2 | PSU Authentication*(Has the identity of the PSU been identified and verified (ID&V))*  | [ ]  Yes – please provide details of the process undertaken[ ]  No |
| 3 | Date when Case Recipient Received Case*(When did the Case Recipient receive the case)* | \_ \_ - \_ \_ - \_ \_ \_ \_d d m m y y y y  |
| 4 | Type of Case*(What does this case relate to)* | [ ]  Claimant enquiry[ ]  Participant enquiry [ ]  Technical issue[ ]  Complaint\*[ ]  Complaint forwarding[ ]  Dispute[ ]  Other – please specify*\* Please note the complaints handling timelines as set out in the FCA Handbook of rules and guidelines.*  |
| 5 | Case Status*(At what presentment is this case at, if at all)*  | [ ]  Information sharing only[ ]  First presentment[ ]  Second presentment [ ]  Third presentment[ ]  Fourth presentment |
| 6 | Multiple Case Recipients*(Did the PSU lodge this case with another party)* | [ ]  Yes – please provide any relevant information[ ]  No |
| 7 | PSU Refunded / Compensated*(Has the PSU been refunded or compensated)* | [ ]  Yes – please provide the following details:* Refund / compensation amount:
* Date of refund / compensation:
* Entity who refunded / compensated:
* Final Response Letter issued to claimant: Y / N, if yes, please attach

[ ]  No  |
| 8 | Entity that Refunded / Compensated the PSU*(Who made the refund and/or compensation to the PSU)* |  |
| 9 | Additional Comments*(Are there any information or comments to share)* |  |

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| **Section C – Parties’ Information** |
|  | **Case Recipient** | **Case Respondent #1** (if applicable, please refer to Appendix A for information of other Case Respondents) |
| 10 | Case Recipient Case Reference Number:*(How does the Case Recipient identify this case)*  | Case Respondent Case Reference Number:*(How does the Case Respondent identify this case?)* |
| 11 | Case Recipient Entity Name: *(What is the entity name of the Case Recipient)* | Case Respondent Entity Name:*(What is the entity name of the Case Respondent?)* |
| 12 | Case Recipient Business Contact Details:*(What are the generic business contact details for the Case Recipient)*Phone:Email:Address: | Case Respondent Business Contact Details:*(What are the generic business contact details for the Case Respondent?)*Phone:Email:Address: |
| 13 | Case Recipient Profile:*(Select all that applies)*[ ]  Account Servicing Payment Service Provider (ASPSP)[ ]  Payment Initiation Service Provider (PISP)[ ]  Account Information Service Provider (AISP) | Case Respondent Profile:*(Select all that applies)*[ ]  Account Servicing Payment Service Provider (ASPSP)[ ]  Payment Initiation Service Provider (PISP)[ ]  Account Information Service Provider (AISP) |
| 14 | Multiple Case Respondents?*(Does this case involve multiple Case Respondents)* | [ ]  Yes – go to Appendix A to provide more information[ ]  No |
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| **Section D – Case Information** *(to be completed by Case Recipient and/or Case Respondent)* |
| 15 | Reason Code*(What is the reason code for this case)* |  |
| 16 | Case Issue*(What is the problem/issue/root cause with this case)*  |  |
| 17 | Evidence Required to Support this Case – please list and append in Appendix B*(Is there any documented evidence that supports or relates to this case)* |  |
| 18 | Other Comment(s)*(Are there any other comments to note for this case)* |  |
| 19 | Claimant Name*(What is the name of the PSU for this case)* |  |
| 20 | Claimant Profile*(What is the profile of the claimant)* | [ ]  Individual [ ]  Micro-enterprise[ ]  Small medium sized enterprise[ ]  Third party provider (TPP)[ ]  Account Service Payment Service Provider (ASPSP) |
| 21 | Account Details or Transaction Account Related to Case*(What account does this case relate to?)* | Sort code: \_ \_ \_ \_ \_ \_ Account number: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  |

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| **Section E – First Presentment** *(to be completed by Case Recipient)* |
| 22 | **Recommended Evidence from Claimant***(Are there any evidence provided by the claimant for this case)***If Claimant lodges the case via an ASPSP, please provide the following information:*** Details of the TPP engaged:

**OR*** Details of the relationship with TPP including nature of AIS service agreed (e.g. financial advisory / broad comparison only etc.):

**If Claimant lodges the case via an TPP, please provide the following information:*** Details of the ASPSP engaged:

**AND*** Details of any specific data shared by the PSU:
* Details of any consent provided, if known:
* Details of any direct financial loss:
* Estimated indirect financial loss:
* Details of data compromised, if known:
* Date on which this case relates to, if known:
* Details of anything else deemed relevant by the claimant:
* Details of all AISPs with whom claimant had engaged:
* Details of AISP deemed by claimant to be at fault:
* If complaint relates to product comparison:
	+ Details of product acquired:
	+ Supporting evidence of advice given:
	+ Reasons why product is deemed unsuitable/was deemed unsuitable at time of purchase:

**If case relates to a possible data compromise, please provide the following information:*** Details of data that is compromised:
* Details of data used:
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| 23 | **Other Evidence from Claimant***(Are there any other evidence provided by the claimant for this case)** Details of the opportunity cost (in addition to financial loss above):
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| 24 | **Recommended Evidence from Case Recipient** *(Are there any evidence or information obtained or discovered by the Case Recipient)***Where Case Recipient is an ASPSP, please provide the following information:** * Details of data shared with TPP with date/time stamp:
* ASPSP to provide evidence of any incidents that may have impacted this event:

**Where Case Recipient is a TPP, please provide the following information:*** Details of consent received from the claimant:
* Details of data requested from ASPSP with date/time stamp:
* Details of data received from ASPSP with date/time stamp:
* TPP to provide details of services provided/requested to claimant:
* TPP to provide evidence of any incidents that may have impacted this event:
* Terms and conditions under which the AISP must provide services:
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| 25 | Optional evidence from Case Recipient(Are there any other evidence or information that the Case Recipient would like to share) |
| 26 | Revised Reason Code (Is the reason code for this case still appropriate) |
| 27 | Recommendation for Settlement(What is the Case Recipient’s recommendation for settlement) |
| 29 | Correspondence with PSU(Provide information of any correspondence made to the PSU) |
| 29 | Details of Final Response Letter (FRL) *(Please provide details of the final response letter if issued)* | Date FRL issued: Party who issued the FRL:  |
| 30 | Correspondence with Claimant(Provide information of any correspondence made to the claimant) |
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| **Section F – Second Presentment** *(to be completed by Case Respondent)* |
| 31 | **Recommended Evidence from Case Respondent** *(Are there any evidence to share?)***Where Case Respondent is an ASPSP, please provide the following information:*** Data shared with TPP with date/time stamp:
* Details of consent received from the claimant:
* ASPSP to provide evidence of any incidents that may have impacted this event:

**Where Case Respondent is a TPP, please provide the following information:*** Details of consent received from the claimant:
* Data requested from ASPSP with date/time stamp:
* Data received from ASPSP with date/time stamp:
* TPP to provide details of services provided/requested to claimant:
* TPP to provide evidence of any incidents that may have impacted this event
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| 32 | Optional evidence from Case Respondent(Are there any other evidence or information that the Case Respondent would like to share?) |
| 33 | Revised Reason Code (Case Respondent’s revised reason code, if relevant and provide supporting comments) |
| 34 | Recommendation for Settlement(Case Respondent’s recommendation for settlement, if relevant and provide supporting comments) |
| 35 | Correspondence with Claimant(Provide information of any correspondence made to the claimant) |

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| **Section G – Third Presentment** *(to be completed by Case Recipient)* |
| 36 | Outcome(What is the Case Recipient’s decision or outcome for this case?) |
| 37 | Next Step(What is the Case Recipient’s next step for this case?) |
| 38 | Agreed Final Resolution(What is the agreed final resolution for this case?) |
| 39 | *Refund, Compensation or Settlement Amount**(What is the value refunded, compensated or settled to the claimant?)* |
| 40 | *TPP / ASPSP Account Details to be credited**(What are the account details of the TPP or ASPSP to refund/settle to after liability is established?)* |
| 41 | Date of Case Closed(When is this case closed?) |

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| **Appendix A – Multiple Case Respondents** *(please list all additional case respondents here)* |
| **Case Respondent #2** | **Case Respondent #3** |
| Case Respondent Case Reference Number:*(How does the Case Respondent identify this case?)* | Case Respondent Case Reference Number:*(How does the Case Respondent identify this case?)* |
| Case Respondent Entity Name:*(What is the entity name of the Case Respondent?)* | Case Respondent Entity Name:*(What is the entity name of the Case Respondent?)* |
| Case Respondent Business Contact Details:*(What are the generic business contact details for the Case Respondent?)*Phone:Email:Address: | Case Respondent Business Contact Details:*(What are the generic business contact details for the Case Respondent?)*Phone:Email:Address: |
| Case Respondent Profile:*(Select all that applies)*[ ]  ASPSP[ ]  PISP[ ]  AISP | Case Respondent Profile:*(Select all that applies)*[ ]  ASPSP[ ]  PISP[ ]  AISP |

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| **Appendix B – Additional Information** |
| Comments from Case Recipient*(Any other comments, information or evidence to share?)* | Comments from Case Respondent*(Any other comments, information or evidence to share?)* |
| Attachments from Case Recipient*(Any other attachments to share?)* | Attachments from Case Respondent*(Any other attachments to share?)* |