Dispute Management System (DMS)

For ASPSPs and TPPs

Data Case Form

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

|  |
| --- |
| **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. |

|  |  |  |
| --- | --- | --- |
| **Section A - Attachments** | | |
| Permission from claimant  Final response letter issued  Other – please list | | |
|  | | |
| **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)* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |
|  | | | |
| **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: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |

|  |  |  |
| --- | --- | --- |
| **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: | |
| 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): | |
| 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: | |
| 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) | |
|  | | |
| **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 | |
| 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) | |

|  |  |
| --- | --- |
| **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?) |

|  |  |
| --- | --- |
| **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 |

|  |  |
| --- | --- |
| **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?)* |