Dispute Management System (DMS)

For ASPSPs and TPPs

Payment 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** *(to be completed by Case Recipient and/or Case Respondent)* |
| 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 and requirements 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 claimant)* |  |
| 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)* |
| 23 | **Please provide and/or attach the recommended evidence here:*** Payment amount
* Proof of payment debited/credited from account
* Account details where the query/issue relates to
* Date/time of payment initiation
* Payment option used
* ASPSP or TPP used, if known or applicable
* Intended beneficiary name
* Confirmation of intended payee details, if available
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| 24 | ***If case relates to payment to eCommerce merchant, please also provide the following information:**** Any additional proof of purchase
 |
| 25 | ***If case relates to payment from claimant’s one account to another account (of the claimant’s), please also provide the following information:**** Proof of attempted payment
* Proof of accurate account details
* Details of the payment transfer
 |
| 26 | ***If case relates to the use of Personal Finance Manager/Aggregator, please also provide the following information:**** Evidence of alerts set up correctly
* Evidence that the delivery deadline has passed
* Evidence to demonstrate that payment initiation was not made
* Details of any known attempts at phishing, of sharing login credentials, or any other occasion on which account details may have been compromised
* Present transaction receipt
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| 27 | **Other Evidence from Claimant*****(Are there any other evidence provided by the claimant for this case)*** |
| 28 | ***If case relates to payment to eCommerce merchant, please also provide the following information:**** Present transaction receipt
* Any additional proof of purchase, where applicable
 |
| 29 | ***If case relates to payment from claimant’s one account to another account (of the claimant’s), please also provide the following information:**** Proof of attempted payment
* Proof of accurate account details
* Details of the payment transfer
 |
| 30 | ***If case relates to the use of Personal Finance Manager/Aggregator, please also provide the following information:**** Evidence of alerts set up correctly
* Evidence that the delivery deadline has passed
* Evidence to demonstrate that payment initiation was not made
* Details of any known attempts at phishing, of sharing login credentials, or any other occasion on which account details may have been compromised
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| 31 | **Recommended Evidence from Case Recipient** *(Are there any evidence or information obtained or discovered by the Case Recipient)* |
| 32 | ***Where Case Recipient is an ASPSP, please also provide the following information:**** Proof that the payment transaction was authorised by claimant
* Evidence that funds were available at the time of initiation:
* Proof that the payment was executed per claimant’s instructions.
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| 33 | ***Where Case Recipient is a TPP, please also provide the following information:**** Proof that the payment transaction was authorised by claimant:
* Evidence that funds were available at the time of initiation:
* Proof that the payment was executed per claimant’s instructions:
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| 34 | **Optional evidence from Case Recipient***(Are there any other evidence or information that the Case Recipient would like to share)* |
| 35 | Revised Reason Code *(Is the reason code for this case still appropriate)* | [ ]  Yes[ ]  No – please state revised code and provide the relevant information |
| 36 | Recommendation for Settlement*(What is the Case Recipient’s recommendation for settlement)*  |  |
| 37 | PSU Refund*(Is the PSU refunded already)* | [ ]  Yes[ ]  No |
| 38 | Details of the PSU Refund*(Please provide details of the PSU refund)* | Amount:Payee account information: |
| 39 | Details of Final Response Letter (FRL) *(Please provide details of the final response letter if issued)* | Date FRL issued: Party who issued the FRL:  |
| 40 | 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)* |
| 41 | **Recommended Evidence from Case Respondent** *(Are there any evidence to share)* |
| 42 | ***Where Case Respondent is an ASPSP:***Proof that the payment transaction was authorised by claimantEvidence that funds were available at the time of initiationProof that the payment was executed per claimant’s instructions |
| 43 | ***Where Case Respondent is a TPP:***Proof that the payment transaction was authorised by claimantEvidence that funds were available at the time of initiationProof that the payment was executed per claimant’s instructions |
| 44 | Revised Reason Code *(Is the reason code for this case still appropriate)* | [ ]  Yes[ ]  No – please state revised code and provide the relevant information |
| 45 | Recommendation for Settlement*(What is the Case Respondent’s recommendation for settlement)* |  |
| 46 | Correspondence with PSU*(Please provide details of the PSU refund)* |  |
| 47 | Additional Information*(Are there any other information, evidence or comments to share)* |  |

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| **Section G – Third Presentment** *(to be completed by Case Recipient)* |
| 48 | Outcome*(What is the Case Recipient’s decision or outcome for this case)* |  |
| 49 | Next Step*(What is the Case Recipient’s next step for this case)* |  |
| 50 | Agreed Final Resolution*(What is the agreed final resolution for this case)* |  |
| 51 | Refund, Compensation or Settlement Amount*(What is the value refunded, compensated or settled to the claimant)* |  |
| 52 | 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)* |  |
| 53 | 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)* |