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 | | |
| 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 | | |
| 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 | | |
| 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. | | |
| 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: | | |
| 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 claimant  Evidence that funds were available at the time of initiation  Proof that the payment was executed per claimant’s instructions | |
| 43 | ***Where Case Respondent is a TPP:***  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 | |
| 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)* |