

ACS SUPPLIER FAILURE CHARGEBACK BENEFIT MEMBER CLAIM FORM

Section 1 - Membership Details

Member Agency Name: _____ ATAS Membership Number: A_____

Section 2 - Details of claim

Did the passenger purchase Travel Insurance? YES NO

If YES, Name of Insurer: _____

Have you claimed or are you able to claim these monies from any other source? YES NO

If YES, please provide details: _____

Please complete Table 2 and use a new line for each disputed transaction (not passenger).

Table 1 - Example of how to complete the table

Row	Name of card holder	Booking Reference Number	Supplier Name	Date of purchase	Date of travel subject to claim	Value of purchase transaction	Value subject to claim
	Jo Citizen	VHEXAMPLE	TOUR ABC	DD/MM/YYYY	DD/MM/YYYY	\$ 10,230	\$ 6,243

Table 2 - Transaction and traveller information

Row	Name of card holder	Booking Reference Number	Supplier Name	Date of purchase	Date of travel subject to claim	Value of purchase transaction	Value subject to claim
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

If you have more than 10 disputed transactions please attach a supplementary table.

Please attach in your email the following documents with your claim form:

- Passenger Invoice(s), Unused travel ticket(s) or voucher(s); and
- Notification of a disputed charge relating to a potential chargeback for the non-delivery of service by a supplier; and
- Confirmation of the successful chargeback from your payment partner (*when available*)

Section 3 - Statement of Subrogation (*This section legally allows your claim, when paid, to be transferred to the Insurers*)

In consideration of paying us the requested amount in Section 2, Table 2, by way of indemnity, we assign to you all rights, claims and interest that we may have against the failure of the bookings listed in Table 2 to AFTA Insolvency Chargeback Scheme Limited.

Signed: _____

Date (DD/MM/YYYY): _____

Name: _____

Position: _____

Section 4 - Payment method for Claim:

I request / authorise payment into my nominated bank account:

Name of Account: _____

Financial Institution: _____

BSB Number: _____

Account Number: _____

Section 5 - Member Declaration

I declare that, to the best of my knowledge and belief, all facts are correct. I also declare that I had no knowledge of the Supplier's potential failure at the time of booking and/or issue of ticket(s) as detailed.

Signed: _____

Date (DD/MM/YYYY): _____

Please submit this form and all available supporting information to travel@gowgates.com.au