

DISPUTE REQUEST FORM

Please complete the form below:

Date: _____

Card Number:

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Cardholder Name: _____

Account No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile Number: _____

Email: _____

DETAILS OF THE DISPUTED TXN(S):

ATM			
TXN DATE	ATM LOCATION	TXN AMOUNT	DISPUTE AMOUNT

POS/ONLINE			
TXN DATE	MERCHANT / WEBSITE	TXN AMOUNT	DISPUTE AMOUNT

Please be informed that I am disputing the transaction(s) listed above for the reason as follows: *(Please tick below)*

ATM cash not received	
Paid by other means	
Charged twice or more for the above txn(s)	
Ordered goods/services and not received	
Cancelled a recurring txn(s)	
Neither me nor my family members incurred or authorized the above txn(s)	
Incorrect txn amount. The txn amount was <CUR> & <AMT>, but I have been billed <CUR> & <AMT>	
Credit not Processed (Attach copy of Credit Voucher/Refund note/merchant letter/email, or any form of merchant confirmation that the credit is due)	

Any Other reason (not listed above): _____

I declare that the above given information is true and correct to the best of my knowledge. Should the merchant/bank avail sufficient proof to the contrary, the Bank reserves the right to reverse temporary credit, if given in this regard.

Cardholder's signature: _____

FOR BANK USE ONLY:

Signature Verified By:

Name: _____

Signature: _____

Date: _____

Branch: _____