

# Customer Transaction Dispute Form

<b>ACCOUNT DETAILS</b>						<b>Date:</b>					
<b>Cardholder Name:</b>											
<b>Card Number: Debit/Credit</b>											
<b>Account Number:</b>											
<b>Contact Number:</b>				<b>Email:</b>				<b>Date of birth:</b>			

**DETAILS OF DISPUTED TRANSACTION(S)**

SL No.	Transaction Date	Merchant /ATM Name	Disputed transaction Amount
1			
2			
3			

**DISPUTE REASONS (TICK THE APPROPRIATE)**

<input type="checkbox"/> ATM Discrepancy	<input type="checkbox"/> ATM didn't dispense cash but my account has debited for..... <input type="checkbox"/> ATM partially dispensed cash for.....but account has debited for .....
<input type="checkbox"/> Duplicate/Multiple Processing	I have been charged multiple times but have authorized only ..... transaction of.....&.....
<input type="checkbox"/> Unauthorized transaction	Neither I nor anyone authorized to use my account participated in or authorized the transaction. My card was: <input type="checkbox"/> In my possession at the time of fraudulent use <input type="checkbox"/> Lost/Stolen on..... Reported to you on.....
<input type="checkbox"/> Cancelled Transaction	I have cancelled the transaction / services on _____. The reason for cancellation: _____.(Please enclose the proof of documents)
<input type="checkbox"/> Paid By Other Means	I have paid for the transaction by <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Other bank debit/credit card. (Please enclose the proof of documents)
<input type="checkbox"/> Credit Not Received	I was given a credit slip / credit confirmation for an amount of _____ on _____ by the merchant. <input type="checkbox"/> The above credit is not yet reflecting on my statement. <input type="checkbox"/> The credit is listed as a debit on my statement. (Please enclose the proof of documents)
<input type="checkbox"/> Good/Service Not Received	I have ordered/booked the goods/services on _____, but not received the goods/services as on _____ (Please enclose the proof documents)
<input type="checkbox"/> Defective Merchandise	I am disputing the goods/services received as Defective/Not as described. (Please enclose details of received goods with proof of documents)
<input type="checkbox"/> Difference in Billing Amount	The amount on my sales slip differs from the billed amount. (Please enclose the proof of documents).
<input type="checkbox"/> Others	

**Cardholders Signature:** \_\_\_\_\_

**\*What you need to know about dispute resolution timeframes**

Resolution timeframes vary depending on the nature of the dispute, and how the transaction is processed. These timeframes are governed by the Rules (Visa, MasterCard, Qcash and NPSB). We will keep you informed of the progress of your dispute and may contact you if further information is required. Appreciate your patience and looking forward to serve you in many years to come.

Should you wish to speak to us about your dispute, please call 9650825-32 Ext. (152-164).