



CARD HOLDER DISPUTE FORM

Name of the card holder	
Card Number	
Contact No.	

TYPE OF REQUEST

- Disputed Transaction Sales/Credit Draft Copy

Tranx. Date	Merchant Name	Amount

Please check (/) the appropriate statement below and sign where indicated:

I have never made, signed nor authorized the above transaction. Neither have I made a telephone or mail order transaction, nor did I receive any merchandise. The card was in my possession at the time of the said transaction and at all times, even at present the card is in my possession.

I have been charged _____ (Once, twice, three times etc) for the said transaction.

I have paid this transaction by other means Cash Cheque Other card
(Please enclose proof of payment if by other means)

I have only signed for _____ however I was debited for _____ (please enclose copy of the transaction receipt)

Enclosed credit slip has not yet been credited to my account.

I did authorize this transaction; however, I have not received any goods/services. They were expected ___/___/____. I have contacted the Merchant to solve this dispute. I have attached a copy of documents showing the expected service/ date of delivery.

I did authorize this transaction, however, the goods/services were not as described / the goods received were damaged/defective. I returned the goods/ cancelled the service on ___/___/____. I have contacted the merchant to resolve this dispute.

The sales of the goods were cancelled/hotel reservation was cancelled/car rental reservation was cancelled. My cancellation # is _____ and I cancelled it on _____

I have cancelled/attempted to cancel my subscription/membership on _____ according to the Merchant cancellation policy. I have contacted the Merchant to resolve this dispute. I have attached a copy of my instructions to the Merchant to cancel my subscription/membership. (The transaction should have been posted 15 days after the cancellation date)

I have tried to withdraw cash from _____ Bank ATM however cash did not dispense (ATM Slip copy enclosed)

I received only (amount) _____ for ATM withdrawal however my card account was debited for _____

Others (Please enclose the necessary documents to support the dispute)

Cardholder Declaration:

I hereby declare that

- All information provided above by me is true and correct to the best of my knowledge.
- I hereby authorize Hatton National Bank Plc to investigate/correct the transaction(s) dispute.
- Should the dispute be found invalid, I agree that I may be liable for the sales slip retrieval fee and other processing charges incurred by the Bank in the course of the investigation. The Bank reserves the right to reverse any temporary credit given in this regard & charge necessary finance charges applicable on the transaction with retrospect effect.
- I understand that the investigation may take 180 days or more if pre-arbitration/arbitration, pre-compliance/compliance is required for resolution.

Date : _____ Signature (Basic Cardholder) : _____

Signature (Supplementary Cardholder) : _____

Important:

- > Please attach copies of any documents that support your claim. Lack of documentation may delay in resolving your dispute(s).
- > Failure to complete the relevant sections of the form may result in a delay in the processing of your dispute(s).