YOUR PARTNER IN PROGRESS	Kindly email this form to <u>chbk@hnb.lk</u> OR fax to (+94) 112686713 within 7 days of receipt of same.	
	CARDHOLDER DISPUTE FORM	
Debit/Credit Card N Account Number (A Details of Disputed	Deplicable for Debit Cardholders only)	
Transaction D	ate Merchant Name/ATM Location Transaction Amount	t
date of statement/	action(s) listed above for the following reason. (Disputes should be reported to ransaction) de nor authorized the above transaction(s). The card was in my possession at all s with any other person, even at present the card is in my possession.	-

I have lost my card and it has been misused. I have reported it to the Bank on// and the card has been blocked by the
Bank. (Please note that the cardholder is liable for all the transactions that have taken place on the lost card prior to reporting the
loss to the bank)

Duplicate/Multiple billing. I have done only one transaction but was billed (Twice, Three time
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$\Box$ I paid for this transaction by other means	Cash	Cheque	Other card	
(Please enclose proof of payment if by oth	er means)			

_ Ih	ave only signed for	but was billed for	r	(Please enclose a	copy of the transaction receip	ot)
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Credit/Refund has not yet been processed by the merchant (Please provide copy of cancellation slip/void slip or refund confirmation
from merchant)

I have not received the goods/services I paid for. They were expected by/ I contacted the Merchant on	/	/	and
there was no response/the response was (Please provide a	a cop	y o	f the
merchant's delivery terms and your correspondence with the merchant)	•	-	

- I did authorize this transaction, however, the goods/services were defective/not as described. I returned the goods/ cancelled the service on \_\_\_/\_\_\_\_. (Please specify as to what goods or services were expected and what were delivered. Please enclose any documentation/correspondence with the merchant that supports your claim and provide us with proof of return)
- L The sale of goods was cancelled/hotel reservation was cancelled. My cancellation no is \_\_\_\_\_\_ and I cancelled it on \_\_\_\_\_\_ (Please enclose cancellation documents/correspondence with the merchant)
- I tried to withdraw cash from \_\_\_\_\_\_ Bank ATM but the cash was not dispensed and my account was debited with the transaction amount. (Please enclose ATM slip copy)
- Others (Please explain in detail. Please attach a separate document if necessary)

## Cardholder Declaration:

I hereby declare that all the information provided above by me is true and correct to the best of my knowledge and I request the Bank to investigate the above dispute. I understand that this statement or declaration given by me may be used or produced before any statutory or regulatory authority or any Court of Law. I understand and agree that the investigation may take **up to 120 days** to resolve the dispute and the Bank reserves the right to reverse any temporary credit given in this regard, without further notice to me. I understand and accept that the decision of the Bank will be final.

Cardholder's Name		Contact Number							
		_		1			1		
Signature		Email							
Date									