

DISPUTE FORM

Date:
(DD/MM/YY)

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Card Number:

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Account Number:

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Customer /Card Holder Name: _____

Contact Number: _____

DISPUTES (ATM /POS/WEB):

- | | |
|--|---|
| <input type="checkbox"/> Local ATM Dispute
<input type="checkbox"/> Local POS Transaction (Access card)
<input type="checkbox"/> Inter Branch Funds Transfer
<input type="checkbox"/> Other | <input type="checkbox"/> Global ATM Transaction (VISA Debit Card)
<input type="checkbox"/> POS Transaction (VISA Card)
<input type="checkbox"/> Inter Bank Funds Transfer |
|--|---|

TRANSACTION DETAILS

Transaction Date	Merchant Name / ATM Location & Bank Name	Transaction Amount	Disputed Amount

REASONS FOR DISPUTE

- ATM Cash Not Dispensed** (Attempted to withdraw cash from ATM Cash was not dispensed)
- ATM Cash Partially Dispensed** (The amount on my receipt from the ATM differs from the cash received)
- Unauthorized Transaction** (Did not participated or authorize the transaction)
- Multiple Duplicate Processing** (I have been billed more than once by the same merchant)
- Amount Altered/Difference in Amount** (Evidence of actual transaction is required)
- Paid by Other Means** (Evidence of actual transaction is required)
- Goods /Services Not Received** (Proof of Communication with merchant is required)
- Returned the Goods** (Proof of Communication/returned goods is required)
- Cancelled Transaction/Service/Membership/Order** (Proof of Communication/Cancellation is required)
- Other** (Please provide full details of the dispute. Enclose necessary proofs and details)

DECLARATION

- I hereby acknowledge that the above information is true to the best of my knowledge.
- I hereby acknowledge that should the dispute charge(s) prove to be valid or invalid, I am responsible for the payment of all dispute related charges and penalties as per the Bank's Schedule of Charges & VISA/Other Bank's Charges on each disputed entry.
- Where Habib Metropolitan Bank Ltd. Requires, I shall provide affidavit in form prescribed by Habib Metropolitan Bank Ltd. along with any further information required by Habib Metropolitan Bank Ltd. for investigation and resolution of the disputed transaction(s) claimed by me.
- I hereby authorize Habibmetro bank to reverse claim amount in-case of any dispute receive in future from Visa or Merchant.

 Signature of the Card Holder/Account Holder

 Date