



Bank for Life

Date:

Debit/Credit Card POS/E Commerce & International ATM Transaction Dispute Form

The Chargeback Unit
Consumer & Digital Banking Operation Division
4th Floor, Building 52, Darul Aman Society Main Shahra-e-Faisal, Karachi.
Fax# 92-21-34329019

POS/E COMMERCE CLAIMS				
Transaction Date (dd/mm/yyyy)	Merchant Name	Location	Disputed amount in Pak Rupee's (local tranx)	Disputed amount in US Dollars (intl tranx)

I dispute the above transaction for the following reasons: (Please tick mark the relevant Box):

- **Cancelled Transaction:** The transaction has been cancelled on _____ (dd/mm/yy) with cancellation number _____
- **Returned the Goods:** I returned the goods of the merchant on _____ (dd/mm/yy) *
- **Paid by Other Means:** I paid for the transaction through means other than my debit card. *
- **Refund/Credit Not received:** I have a credit slip/doc but not showing in my account. *
- **Never Received Goods &/or Services:** I never received the goods or services as per the date committed by the merchant; i.e. _____ (dd/mm/yy) *
- **Duplicate Billing:** I only participated in the transaction once; I have been charged twice (or more) for this transaction.
- **Unauthorized Transaction:** I have not participated in the transaction appearing in my Debit Card Statement. My card was in my possession at the time of the transaction.
- **Other:**

* Please provide supporting documentation. If POS slip received, please attach copy.

INTERNATIONAL ATM CLAIMS				
Transaction Date (dd/mm/yyyy)	Branch /ATM	Country	Disputed Amount in Foreign Currency	Disputed amount equivalent in Pak Rupee's

I dispute the above transaction for the following reasons: (Please tick mark the relevant Box):

- **Cash Not Dispensed:** I tried to withdraw cash from the ATM from my ATM/Debit Card but cash was not dispensed; however, my account has been debited.
- **Exact Amount Received:** More / Less Cash dispensed from ATM. Amount Received _____
* Please provide supporting documentation. If ATM slip received, please attach copy.
- **Other:**

I hereby declare that, to the best of my knowledge, the above facts are true. It is understood that in case of any error, the Bank shall be within its right to rectify the error unilaterally without notice to the Card Holder and recover any amount wrongly paid and credited, together with any accrued interest or profit. Please note that in case investigation of the disputed transaction leads to a negative result, a charge would be imposed on the account as per the prevailing Schedule of Bank Charges.

Account Title: _____
 Card Number: _____
 Account Number: _____
 Branch Name & Code: _____
 Permanent Address: _____
 Phone Number: _____

Account Type: Current Saving
 Other: _____
 Claimant's Signature: _____
 Date: _____