

CARDHOLDER DISPUTE FORM

Card Holder Name															
Card Number															
Number	Statement Date	Transaction Date	Merchant Name	Amount AED	Amount (in foreign currency if applicable)										

If multiple transactions are charged back, include the first transaction detail above and supply in the **Additional Information** on separate pages the remaining unauthorized transactions disputed by the cardholder. Include for each transaction the merchant name, transaction date and transaction amount.

- ☐ I hereby dispute the above-mentioned transaction(s) [Please tick relevant box(es)]
- ☐ I certify that the charge(s) listed above have **NOT** been incurred by me nor have I received any goods/services through the charge(s), and the card **IS** in my possession.
- ☐ I certify that the charge(s) listed above have NOT been incurred by me nor have I received any goods/services through the charge(s), and the card **IS NOT** in my possession. The Card was:
- ☐ Lost ☐ Stolen ☐ Never Received
- ☐ The amount of transaction is incorrect. I was charged AED _____ I should have been charged AED _____. (Enclosed is a copy of my charge slip).
- ☐ I have not incurred the above charge(s) but I did engage in a transaction of AED _____ on date _____ at the time same merchant outlet (Enclosed is a copy of my charge slip).
- ☐ I have been billed more than once for the charge. I have authorized only one of these charges.
- ☐ I have settled the charge directly with the Merchant Establishment through Cash/Cheque/Other _____ (Circle One & Specify) (Enclosed is the copy of the RECEIPT issued by the Merchant Establishment evidencing direct settlement).

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- ☐ I expected to receive goods/services by date _____ against the above charge(s) from the Merchant Establishment. The goods/services have never been received. (Enclosed is a copy of my correspondence with the Merchant Establishment).
- ☐ I returned the merchandise against the above charge (Enclosed is a copy of the postal/courier receipt evidencing return of merchandise and my correspondence with the Merchant Establishment).
- ☐ I cancelled the subscription/membership/policy (circle one) against the above charge(s) on date _____ (Enclosed is a copy of my letter/email to the Merchant).
- ☐ The merchant did not process Credit/Refund as agreed (Enclosed is copy of Credit Slip/Refund document).

Hotel Reservation

- ☐ I have cancelled the reservation on date _____ under the cancellation code _____
- ☐ I have not made any reservation.

ATM Dispute

- ☐ I tried to withdraw cash from ATM, but no cash was dispensed.
- ☐ I tried to withdraw AED _____ from ATM, but received only AED _____ from the ATM.
- ☐ Other (Please specify) _____
- Please ensure to attach relevant documentation to support your dispute.
 - Disputed transaction shall not be entertained without supporting documents.
 - We may ask in some instances to please provide your Original Cancelled Card and Passport Copies (All pages) to any bank branch.

Declaration

- I hereby affirm that the information furnished above is true to the best of my knowledge.
- I agree to have my card replaced to facilitate the dispute investigation as and when directed by the Bank.
- If the transaction appears to be valid, I agree to be charged a processing fee of AED 25 per transaction.
- Dispute should reach within 30 days of the statement date, otherwise the transaction will be considered as valid.

All charges, commissions and fees are exclusive of Value Added Tax or any other similar sales tax (VAT). The Customer hereby agrees to pay an amount in respect of any applicable VAT.

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Customer Signature(s)

Mobile Number

Email ID

Phone Office/Residence

Important

- Please enclose the relevant statement copy duly marking the disputed amount(s).
- Please include all relevant documents such as your charge slip copy, correspondence with the merchant, cash receipt etc., to enable us review further.
- Disputed transactions shall not be entertained without supporting documents.

You may send your filled and signed form to: - Networkmaxchargebacks@network.global