



Habib Bank AG Zurich

Debit Card Dispute Application

Fill in BLOCK letters and check where appropriate
(All fields are mandatory)

Date
day month year

The Manager, _____ Branch,
Kenya.

CUSTOMER REFERENCE

Customer account number - - - - -
20 digits
Account title _____
Card number (last 8 digits) Name of cardholder _____

DISPUTED TRANSACTION DETAILS

Please complete the transactions details below: (Note: If you would like to report more than one disputed transaction, please provide on a separate sheet)
Merchant Name _____ Transaction date
day month year
Transaction amount (KES/USD) Dispute amount (KES/USD)

DISPUTED TRANSACTION REASONS

Please now select the most appropriate reason for the dispute for those listed below:

- Transaction amount is incorrect:** The amount I authorised differs to the amount charged to my account. I have enclosed a copy of the sales voucher/invoice or the proof, that the amount charged is incorrect.
- Card charged two or more times for the same purchase:** My account has been charged times. Only of these transactions were authorised by me. (I have enclosed any relevant document to support this)
number number
- Only authorised one transaction:** I paid the merchant with KES/USD, but not for KES/USD. My card was in my possession when the disputed transaction took place. I have enclosed a copy of my sales voucher/explanation as to why I don't have this.
- Transaction debited from card but paid by other method:** I paid the merchant by _____ (method of payment), but this transaction was also debited from my card. I have contacted, or attempted to contact the merchant to resolve the dispute and the merchant refused to refund. I have enclosed proof of payments e.g cash receipt, copy of front and back of cheque, other card receipt, prepaid voucher (gift card).
- Refund not processed:** The merchant agreed to refund the account with KES/USD, but no refund has been processed. I have enclosed a copy of refund voucher or letter/email from the merchant confirming the refund due.
- Previously cancelled recurring transactions:** I have previously cancelled the transaction payment with the merchant. The date of cancellation was . I have enclosed proof of cancellation.
day month year
- Wish to cancel recurring transactions:** I wish to cancel my recurring transaction payment with merchant for the amount of KES/USD with effect from
- ATM: Cash not received/incorrect cash dispensed:** I have received some/none of the cash requested. Amount requested was KES/USD, the amount received was KES/USD.
day month year
- Not authorised or Participated:** I have not authorised or participated in transaction stated above.
- Others:** My dispute does not fall into the one of these categories (please give full explanation regarding this dispute below, enclosing any documentation to support your claim)
- Additional information** _____

IMPORTANT INFORMATION:
We might not be able to help you with your reported dispute unless all the required documents are submitted with this form. Any irrelevant or missing documents could cause delay or hinder resolution of the dispute. Kindly return the form to your relevant branch.

DECLARATION AND SIGNATURE
I confirm that the above information is correct and I agree you may request any further information as you may deem necessary, my card existing or replacement is subject to and shall be used in accordance with the Terms and Conditions governing the use of Debit card(s)

Authorized Signatory 1 _____
Name _____ Date
day month year

Authorized Signatory 2 _____
Name _____ Date
day month year

Authorized Signatory 3 _____
Name _____ Date
day month year

FOR OFFICE USE

SV

signature _____
Verified by _____

NOTE:
- In the case of multiple signatories, authorized signatories must sign as per the account mandate
- The customer understands that the Bank shall not be held responsible for any erroneous transaction(s) arising out of incorrect, incomplete or illegible details provided by the Customer.