# Card transaction dispute & customer declaration form

*Fill in* BLOCK *letters and check* ☑ *where appropriate*

Habib Bank AG Zurich

Date ____ ____ ____ (day / month / year)

The Manager,

_____ Branch,

United Arab Emirates.

## CUSTOMER REFERENCE

Customer account number 0 2 - - - - - - - - - - - - - - - - - - - - - - - - (22 digits)

Account title _____

Card number | | | | | | | | | | | | | | | | Card holder name _____

Dear Sir/Madam,

I hereby request you to investigate and chargeback for the following transaction(s):

## TRANSACTION DETAIL

| S NO | TRANSACTION DATE | POSTING DATE | MERCHANT NAME | TRANSACTION AMOUNT | FOREIGN CURRENCY AMOUNT (if applicable) |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

☐ I have not authorized or participated in transaction(s) stated above and the mentioned card is in my possession.

☐ I have not authorized or participated in transaction(s) stated above and the mentioned card is NOT in my possession. The card was:
☐ Lost ☐ Captured ☐ Stolen ☐ Never Received

☐ I was communicated by merchant to receive goods/services by ____ ____ ____ (day / month / year) for which I was charged as above from the Merchant. *(Enclosed is a copy of my correspondence with the Merchant)*

☐ The amount I authorized is different to the amount debited to my account. I have enclosed a copy of the sales voucher/invoice or supporting documents, showing the correct amount to be charged.

☐ My account has been charged _____ times. Only _____ of these transactions were authorized by me. I have enclosed relevant document to support this.

☐ I paid the merchant with amount _____ but not for amount _____. 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 completed this transaction.

☐ 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 payment e.g. cash receipt, copy of front and back of cheque, other card receipt, prepaid voucher *(gift card)*.

☐ The merchant agreed to refund the account with amount _____, but no refund is received. I have enclosed a copy of refund voucher or letter/email from the merchant confirming the refund.

☐ This is a recurring transaction which was cancelled on ____ ____ ____ (day / month / year). *(Enclosed proof for your reference)*

☐ I have cancelled the transaction payment with the merchant, after the transaction took place. The date of cancellation was ____ ____ ____ (day / month / year). I have enclosed proof of cancellation.

☐ The goods/services for which I was charged above, were never received. *(Enclosed is a copy of my correspondence with the Merchant)*

☐ I returned the merchandise against the above charge and the refund was not received *(Enclosed is a copy of the postal / courier receipt of returned merchandise and my correspondence with the Merchant)*

## ATM AND OTHER DISPUTES

☐ I tried to withdraw cash from ATM, but no cash was dispensed.

☐ I tried to withdraw _____ from ATM, but received only _____ from the ATM.

☐ Other *(Please specify)*:

_____

_____

_____

## INFORMATION AND DECLARATION

- I hereby affirm that the information provided above is true to the best of my knowledge.
- I agree to be charged by the Bank as per the Bank's Schedule of Charges, if the transaction is deemed to be valid.
- I understand that any dispute should be raised within 30 days of the statement date, otherwise the transaction will be considered valid.
- I understand that the Bank might not be able to assist with the reported dispute unless all the required documents are enclosed with this form.
- I further understand that the submission of dispute form *(even within the timeline)* does not guarantee the refund.
- I fully understand that the completed dispute form along with the relevant / supporting documents should be submitted to the the branch or forwaded by an email at csd@habibbank.com

I/We agree to abide by the General Terms & Conditions of the Bank.

Yours faithfully.

_____ _____ _____
*authorized signatory(s*

_____ _____ _____
*Place (city & country)*

____ ____ ____ (day / month / year) ____ ____ ____ (day / month / year) ____ ____ ____ (day / month / year)

**NOTE:** In the case of multiple signatories, authorized signatories must sign as per the account mandate.
The customer agrees to abide by all the above Terms & Conditions, which are subject to change without any prior notice.

## FOR OFFICE USE

SV

*signature*

Verified by _____