

CARD TRANSACTION DISPUTE FORM

Card Number

Card Type Corporate Card Other Cards

Transaction Date	Merchant Details	Amount in AED	Amount in foreign currency

I dispute the above mentioned transaction(s) for the following reasons: (Please tick relevant)

- Transaction Not Recognized... (copy of sales draft only)
- Transaction Date Transaction Amount
- Merchant Name Merchant Location
-
- Lost/Stolen Lost/Stolen Date: _____
The cardholder is liable for these transactions and the bank will follow Visa & Master Rules.
-
- Not participated or Authorized the transaction. My card was in my possession at the time of the transaction
-
- Unauthorized Internet / Mail Order / Phone Order transaction
-
- Duplicate Billing
-
- Amount Altered
-
- Debit Instead of Credit (Provide void or cancellation Slip) Refund Not Processed
-
- Incorrect Transaction Currency (the original currency is)
-
- Paid by other means (attach proof such as cash slip, receipt, invoice)
-
- Cash not dispensed from ATM Partial cash dispensed
-
- Not received ordered merchandise / services expected by _____(ddmmy) (attach proof)
-
- Cancelled the transaction on _____(ddmmy) with a cancellation no. _____(attach proof)
-
- Returned the merchandise that was received damaged or defective.(attach proof)
-
- Returned merchandise or cancelled services that did not match description at time of purchase (attach proof)
-
- Cancelled Recurring Membership / Subscription on _____(ddmmy).(attach proof)
-
- Other: (specify)-----

Did you try to resolve the dispute with your merchant (Yes, No).
If Yes, Date of call _____(ddmmy). Merchant Contacts: _____

Declarations:
I hereby authorize Commercial Bank of Dubai to investigate this matter & to involve the local police or any other government authority to take the appropriate action against the misuse of my card.
If the transaction is proven to be valid, I agree to be charged a processing fee of AED25.00 per transaction.
C/H Name: _____ Bank A/C No. _____
Company Name: _____

Signature _____ Mobile: _____
Office: _____
Date: _____

Note:
1 - For the (2nd, 3rd & 4th) option card should have replacement. (I agree, Disagree)
2 - Please provide other supporting documents to validate your dispute.
3 - Please provide copy of the statement with the dispute transaction marked.

For Branch use only

Received by (Staff Name is mandatory) _____ Signature Verified by _____
Please submit the form through CRM E-forms except for Payroll cards.

Note: Please EMAIL this form along with the enclosures to CallCenterTLs@cbd.ae or FAX to +971 4 2050666