

DISPUTE FORM

PRIMARY CARDHOLDER DETAILS

Card Holder Number

Account Number

I am disputing the following transaction(s) for the reason given below and request you to settle the case(s):

Transaction Date & Time	Type of Transaction (Cash/Purchase)	ATM/Merchant Name	Transaction Amount	Disputed Amount

Please select the most appropriate one:

- Cash was not dispensed at the ATM but I was billed for the entire amount of
- Cash was dispensed partially in the ATM for but I was billed for the entire amount of
- I have neither authorized nor participated in the above transaction(s). I confirm that the card is still in my possession.
- Duplicate/Multiple billing. I have done only one transaction at the Merchant Establishment but I was billed times. (Attach copy of authorized sales slip)
- I incurred one transaction dated at the above merchant establishment. However, I have not incurred or authorized the transaction listed above.
- The transaction amount incurred was, but I have been billed.....
- I have never received the ordered merchandise whose Deliver Date was (Attach the proof of merchant acknowledging the cancellation)
- Cancelled Membership/Subscription/Booking. (Attach the proof of merchant acknowledging the cancellation).
- Others (Please explain in detail. Please attach a separate letter if necessary).

I hereby declare that all information provided above is true and to the best of my knowledge. I hereby authorize AB Bank to investigate/correct the transaction in dispute. Should the dispute be found invalid, I agree that I should be liable for the sales slip retrieval fee and other processing charges. I understand that the investigation may take 180 days (or more if pre-arbitration/arbitration is required) for resolution.

Account Holder Details for IBFT/NPSB:

Transfer Ref Number:	
Transfer Date:	
From Account:	
Transaction For:	
Beneficiary Account Number:	
Beneficiary Card Number:	
Beneficiary Account Name:	
Bank Name:	
Transaction Amount (BDT):	

Date:

Cardholder's Signature: _____

Mobile No:

Cardholder's Name: _____