



Lloyds TSB

CARD-HOLDER DISPUTE FORM

DATE:

CARDHOLDER NAME																	
CARD NUMBER																	
ACCOUNT NUMBER																	

Please note that transactions should be disputed within 45 days from transaction posting date. A Dispute form beyond this time limit will not be processed.

SRL NO.	TRANSACTION DATE	MERCHANT NAME AND COUNTRY	TRANSACTION AMOUNT AED	STATEMENT DATE
1				
2				
3				
4				
Total Amount in Dispute				

Print statement with transactions in dispute highlighted.

Please tick the appropriate box(es):

- I confirm that at no time the card was out of my possession.
- I do not recognize the transaction. I need more clarification on the following details:
 - Merchant Name
 - Merchant Location
 - Transaction Date
 - Transaction Amount
- I have neither participated nor authorized the above transaction(s). **(For Fraudulent Transactions Only – BLOCK CARD IMMEDIATELY)**
- I have not authorized the above mentioned internet/mail/phone order transactions.
- I have been double/triple charged
- I did not receive Cash/received only _____ for the ATM Withdrawal. My account is debited for _____.
- I have not received the service(s)/Goods till this day as promised by the merchant. (Expected date of receipt: __ / __ / ____)
- I have not received the refund till date. (Refund receipt date: __ / __ / ____)
- I confirm that I have participated in the transaction for _____ dated _____ but not participated in the disputed transaction(s).
- I cancelled my reservation on (Date of cancellation: __ / __ / ____) at (Time of cancellation _____).
The cancellation code given is (Cancellation Code: _____).
No cancellation code was provided by the hotel.
- I have paid cash/cheque/another card for this transaction (Copies enclosed)
- The charged amount differs from the amount billed. (Sales Copy Enclosed)
- Other reasons/Additional Comments: _____

I hereby undertake that I have not directly / indirectly compromised the PIN and I am in possession of my above card. I confirm my willingness to readily provide any information and documents that may be required by the Bank to conduct any investigations with regards the above transactions. I also hereby authorize the Bank to recover any credits / re-imburements made in response to the above claims if it is established that the transactions are genuine. The Bank is authorized to pursue legal recovery proceedings and to report the above transactions and any other information/ details with regards my account to any government and / or police authorities to investigate the validity and correctness of the above transactions. Please furnish us with all the relevant supporting documents / information related to the above disputed transactions. Lack of documentation may delay in resolution of your dispute. I authorize you to debit my above mentioned card number for any/all charges pertaining to the retrieval of disputed transaction. I agree that if the dispute case is not in my favor, any temporary credits / overdrafts will be reversed / removed and I will be liable to pay back any funds owed to the Bank. I agree that payment needs to be made to avoid late payment and other related fees until the dispute is resolved.

If the outcome of a credit card dispute leads to a refund I would like this to be applied to my:

- Current Account
 Credit Card

If the transaction is proven to be Valid, I agree to be charged a processing fee of AED 50.00 per transaction.

I agree to have my Card replaced to facilitate the dispute investigation as and when directed by the Bank.

I have read and understood the terms and conditions listed above and agree that it will be binding together with the other General Credit Card, Debit Card and Account Terms and Conditions.

PHONE OFF/RES	
FAX	
MOBILE	
EMAIL	

_____ **Customer Signature(s)**

For Bank Use only					
Signature Verified by:		Documents Verified by:		Input by:	
Authorized by:					

TO BE PRINTED ON A SINGLE PAGE