CARDHOLDER DISPUTE FORM









Date	2.									
Cardholder Name*:										
	Number*:		*	* *	*					
Prepaid/E-Dirham Card ID*:								7		
·										
Account Number* (if applicable):					1					
CIF Number* (If applicable): Tel No.: Mobile No.*] 						
Tel N				E-mail	:					
URN	number or Receipt number*:	:								
	Transaction Dat	te*		Nam	e of M	erchant/	Shop*		Amount (AED)*	
										_
I hereby dispute the below mentioned transaction(s) [Please tick relevant box(es)]										
	I do not recognize the above	e transaction(s)	. please pro	vide the d	letails o	f the trar	saction(s	5).		
	I never participated/ authori	ised the above	transaction	(s) and all	cards is		-	•		
	The amount of transaction is incorrect. I was charged AED I should have been charge AED									
	(enclosed is the copy of my charge slip).									
	Only one sale was authorized by me but the account was debited more than once.									
	I have settled the charge directly with the Merchant Establishment through Cash/ Cheque/ Other (Circle one & Specify)									
	(Enclosed is the copy of the RECEIPT issued by the Merchant Establishment evidencing direct settlement).									
	The above transaction relates to goods/ services with I order in but not yet received. (Enclosed is a copy of my correspondence with the Merchant enquiring about the delivery of goods/ services).									ce
	I returned the merchandise against the above charge (Enclosed is a copy of postal/ courier receipt evidencing return of my letter/email to the Merchant Establishment & Cancellation confirmation from the Merchant Establishment).									
	I cancelled the subscription/membership/policy (circle one) against the above charge on date (enclosed is a copy of my letter/email to the Merchant Establishment & Cancellation confirmation from the Merchant Establishment).									
	The goods that I purchase is not describes (enclosed is a copy of my letter/email to the Merchant Establishment)									
	The Merchant did not process Credit/ Refund as agreed (enclosed is a copy of credit slip/ refund document).									
	I cancelled the reservation o	on date		and th	e cance	lation co	de given i	S		
	I tried to withdraw through	ATM. However,	I did not re	_ ceived cas	sh.					
	I tried to withdraw AED		from AT	M, but red	ceived o	nly AED			from the ATM.	
	Others (please specify)									
"I authorise First Abu Dhabi Bank PJSC to debit my card/account with a dispute handling fee of AED 100/- with 5% VAT applicable for each transaction proved valid by merchant. Further I also endorse that I share stand by the truth of this statement of subsequent legal inquiries by the Law enforcement authorities (if any). I also understand that investigation by the Bank might take up to 180 days to resolve and the bank reserves the right to reverse any interim credit given in this regard. I authorise you to disclose to the police, court, Visa or MasterCard, details of any of the disputed transactions carried out on my account in order to allow them to pursue their investigations. I understand that any statements made by me may be. used in court or as part of litigation proceedings". For transaction processed on lost/stolen cards before the incident was reported to Bank, Cardholder will be held liable. Cardholder Signature: Cardholder Signature:										