

Cardholder Dispute Form

Card Number

Details of disputed transaction(s) shown in my statement dated

S. No.	Transaction Date (s)	Name of Merchant	Transaction Amount
1			
2			
3			
4			

I have examined the changes made to my card account and wish to dispute the aforementioned transaction/s for the following reason:
PLEASE SELECT THE REASON RELATED TO YOUR DISPUTE:

- Transaction No. _____ not recognized. Need more clarification on the following details:
Merchant Name..... Merchant Location.....Transaction date(s).....Transaction amount.....
- Unauthorized Internet / Mail / Phone order transaction or Not participated in the transaction No. _____
- Transaction No. _____ Incomplete / Failed / Not authorized. Attached transaction slip (Yes / No)
- Transaction No. _____ has been Duplicated, only one sale was authorized.
- Incurred one transaction dated at the above mentioned merchant establishment and not incurred the transaction(s) No. _____ listed above. Attached a copy of accepted transaction (Yes/ No)
- Transaction No. _____ amount incurred was but billed for
Attached a copy of the transaction slip for genuine transaction (Yes/ No)
- Service / Goods relates to Transaction No. _____ not received. Expected date of receipt DD / MM / YYYY.....
Attached a copy of the letter to merchant attempting to resolve the dispute.
- Credit voucher for the transaction No. _____ was issued on.....but not processed to the card account.
Attached a copy of credit refund slip / cancellation letter from the merchant establishment.
- Transaction No. _____ Cancelled recurring Membership / Subscription. Date of Cancellation DD / MM / YYYY.....
- Transaction No. _____, Hotel reservation cancelled on but billed for “no show” charge. The cancellation number is
- Transaction No. _____, Paid the amount by other means, evidence of payment by Cash / Cheque / Credit card / Others is attached.

Other Dispute Reasons:
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DECLARATION

I hereby affirm that the information furnished above is true to the best of my knowledge.
My card was in my position and control at the time of the questioned transaction.
Name Contact Number.....

Signature

Kindly e-mail back the Completed Dispute form to e-mail ID Dispute@Mashreq.com
MANDATORY:-Please forward the Completed form duly signed. Incomplete forms will not be processed.