

**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 (2<sup>nd</sup>, 3<sup>rd</sup> & 4<sup>th</sup>) 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)  
Please submit the form through CRM E-forms except for Payroll cards.

Signature Verified by \_\_\_\_\_

**Note: Please EMAIL this form along with the enclosures to [CallCenterTLs@cbd.ae](mailto:CallCenterTLs@cbd.ae) or FAX to +971 4 2050666**