

Cardholder Dispute Form

Card No.

Please note that disputed transactions should be within 15 days from the statement date.

Sr #	Transaction Date	Name Of Merchant	Transaction Amount	Statement Date
1				
2				
3				
4				
5				

I confirm the card was always in my possession: Yes No

Please select one of the following options

Transaction not recognized I need more clarification on the following details:

Merchant Name Merchant Location Trans. Date Trans. Amount

- Unauthorized / Not participated in this transaction
- Unauthorized internet /mail/ phone order transaction
- Duplicated transaction
- Cash not dispensed from ATM.
- Services / Goods not received (Expected date of receipt -----/-----/-----)
- Refund credit not received. (refund receipt date -----/-----/-----)
- Cancelled recurring Membership/Subscription (Date of cancellation -----/-----/-----)
- Cancelled Transaction (Cancellation Code -----)
- Paid by other means.
- Incorrect amount billed.
- Other reasons / Additional Comments -----

Important Note: Please attach copies of any documents that support your claim. Lack of documentation may delay resolution of your dispute

I authorize Commercial Bank International to debit my account with a retrieval fee of AED 50 for each dispute transaction if the merchant proves the dispute transaction to be valid.

Cardholder Name	Mobile No.
Address	Tele. Residence/Office
Cardholder Signature	Date