

Cardholder Dispute Form

Card No.

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

Sr No	Transaction Date	Name of Merchant	Transaction Amount	Statement Date

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 :
CIF:	Date :
Cardholder Signature :	

NOTE: Kindly mention only the First and last four digits of the card number and mask the rest