

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 |
|-------|------------------|------------------|--------------------|----------------|
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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