DEBIT CARD DISPUTE FORM



CARD HOLDER DETAILS				
Card Number				
Cardholder Name				
Account Number				
Contact Number				
DISPUTES				
Transaction Date	ATM Bank/Merchant Name	Amount (PKR)	Amount (USD)	
I request a reversal of (amount in words)				
I dispute the above transaction(s) on my account statement linked with card number (mentioned on top) for the following reason(s).				
PLEASE TICK AS APPLICABLE				
For the circumstances below, please mark the applicable situation and send the appropriate documentation as indicated. Please note that it may not be possible to assist you with your dispute unless all relevant documents are submitted with this form.				
Neither I nor anyone authorized to use my account made or authorized the transaction. My card was: (circle one of the following choices below) A) Lost/Stolen Date Location B) Never received C) Card was in my possession at the time of fraudulent use D) Other Multiple Processing I have been charged multiple times but have only authorized one transaction. The original amount appeared on// (DD/MM/YYYY) Difference in Amount The amount on my sales slip differs from the amount billed. Attached is my receipt showing the correct amount. The difference in amount is Cancelled Transaction				
I made a transaction through my Debit Card at a merchant outlet but cancelled the transaction on/ (DD/MM/YYYY) (Please provide the cancellation with proof of cancellation)				
Goods Returned I purchased the goods on the date/ (DD/MM/YYYY) through my Debit Card and returned the same to the merchnat on/ (DD/MM/YYYY) (Please provide the evidence)				
	Not Received goods/services and contacted the merchant/retailer on erchant/retailer's response to your request for a refund or		Y) to adives him/her.	
ATM Cash Not D I attempted to withdra amount.	ispensed w cash from an ATM through my Debit Card. I did not rec	eive the cash however my accor	unt has been debited for that	
The amount on my ATM slip differs from the amount of cash received. The difference in amount is				
Other (Please specify)				

DISCLAIMER
■ I hereby acknowledge that should the dispute charge(s) prove to be valid or invalid, I am responsible for the payment of all dispute related chatges and penalties as per the Bank's Schedule of Charges on each disputed entry.
■ I do understand that it may take upto 180 days to resolve the dispute.
■ Where JS Bank requires I shall provide affidavit in form prescribed by JS Bank along with any further information required by JS Bank for investigation and resolution of the disputed transaction(s) claimed by me.
Signature of Cardholo
REQUIRED ATTACHMENT
REQUIRED AT TACHIVIENT
Please provide transaction receipts or any supporting document where applicable.
Copy of Sales Slip
Copy of Credit Voucher
Copy of Credit voucher
Copy of Passport (incase of international transactions)
Any other supporting documents
FOR OFFICE USE ONLY
■ Date (received by JS Bank Limited)/(DD/MM/YYYY)
■ All the required evidence attached ————————————————————————————————————
Branch Authorized Signati