

**Dashen Bank Sc.
Payment Card Department
Transaction Dispute Form**

Case Number
Case Opened on

Cardholder Details
Name
Card Number
Address
Telephone

Disputed Transaction Details	Verified Transaction Data
As described by cardholder	Verified Transaction Data
Transaction Date	Transaction Date
Transaction Time	Transaction Time
Transaction Amount	Transaction Amount
Merchant/Area Bank/ATM	Merchant/Area Bank/ATM
_____	_____
	Approval Code
	Verified by

Disputed Reason		
Merchant	Encashment	ATM
<input type="checkbox"/> Transaction not recognized	<input type="checkbox"/> Transaction not recognized	<input type="checkbox"/> Cash Not Dispensed
<input type="checkbox"/> Paid by other means	<input type="checkbox"/> Duplicate Processing	<input type="checkbox"/> Other
<input type="checkbox"/> Duplicate Processing	<input type="checkbox"/> Reversal/Credit not processed	
<input type="checkbox"/> Reversal/Credit not processed	<input type="checkbox"/> Other	
<input type="checkbox"/> Other		

Cardholder Signature

Received by:

Name _____

Sig : _____

For Bank Use Only		
Investigation Results		
1. Card Operation Division		
Name	Signature	Date
2. Customer Service Division		
Name	Signature	Date
3. Card System Division		
Name	Signature	Date
4. Final Ruling		
Name	Signature	Date

Case Closed on _____