Habib Bank AG Zurich

(Incorporated in Switzerland 1967)

Date [ ] [ ] [ ]
day   *month*   *year*

The Manager,

_____ Branch,

United Arab Emirates.

CUSTOMER REFERENCE

Customer account number   [0][2] – [ ][ ] – [ ][ ] – [ ][ ][ ][ ][ ] – [ ][ ][ ] – [ ][ ][ ][ ][ ][ ]
22 digits

Account title _____

Card number *(first 6 & last 4 digits)* [ ][ ][ ][ ][ ][ ] [ ][ ][ ][ ]   Card holder name _____
first 6 digits   *last 4 digits*

Dear Sir/Madam,

I hereby request you to investigate and chargeback for the following transaction(s):

TRANSACTION DETAIL

S NO	TRANSACTION DATE	POSTING DATE	MERCHANT NAME	TRANSACTION AMOUNT	FOREIGN CURRENCY AMOUNT (if applicable)

☐ I have not authorized or participated in transaction(s) stated above and the mentioned card is in my possession.

☐ I have not authorized or participated in transaction(s) stated above and the mentioned card is NOT in my possession. The card was:
  ☐ Lost   ☐ Captured   ☐ Stolen   ☐ Never Received

☐ I was communicated by merchant to receive goods/services by [ ] [ ] [ ] for which I was charged as above from the Merchant. *(Enclosed is a copy of my correspondence with the Merchant)* *day* *month* *year*

☐ The amount I authorized is different to the amount debited to my account. I have enclosed a copy of the sales voucher/invoice or supporting documents, showing the correct amount to be charged.

☐ My account has been charged [ ] times. Only [ ] of these transactions were authorized by me. I have enclosed relevant document to support this.

☐ I paid the merchant with amount [ ] but not for amount [ ]. My card was in my possession when the disputed transaction took place. I have enclosed a copy of my sales voucher/explanation as to why I don't have completed this transaction.

☐ I paid the merchant by [ ], but this transaction was also debited from my card. I have contacted, or attempted to contact the merchant to resolve the dispute and the merchant refused to refund. I have enclosed proof of payment e.g. cash receipt, copy of front and back of cheque, other card receipt, prepaid voucher *(gift card)*.
method of payment

☐ The merchant agreed to refund the account with amount [ ], but no refund is received. I have enclosed a copy of refund voucher or letter/email from the merchant confirming the refund.

☐ This is a recurring transaction which was cancelled on [ ] [ ] [ ]. *(Enclosed proof for your reference)*
day *month* *year*

☐ I have cancelled the transaction payment with the merchant, after the transaction took place. The date of cancellation was [ ] [ ] [ ]. I have enclosed proof of cancellation.
day *month* *year*

☐ The goods/services for which I was charged above, were never received. *(Enclosed is a copy of my correspondence with the Merchant)*

☐ I returned the merchandise against the above charge and the refund was not received *(Enclosed is a copy of the postal / courier receipt of returned merchandise and my correspondence with the Merchant)*

ATM AND OTHER DISPUTES

☐ I tried to withdraw cash from ATM, but no cash was dispensed.

☐ I tried to withdraw [ ] from ATM, but received only [ ] from the ATM.

☐ Other *(Please specify)*:
_____

INFORMATION AND DECLARATION

- I hereby affirm that the information provided above is true to the best of my knowledge.
- I agree to be charged by the Bank as per the Bank's Schedule of Charges, if the transaction is deemed to be valid.
- I understand that any dispute should be raised within 30 days of the statement date, otherwise the transaction will be considered valid.
- I understand that the Bank might not be able to assist with the reported dispute unless all the required documents are enclosed with this form.
- I further understand that the submission of dispute form *(even within the timeline)* does not guarantee the refund.
- I fully understand that the completed dispute form along with the relevant / supporting documents should be submitted to the the branch or forwaded by an email at csd@habibbank.com

I/We agree to abide by the General Terms & Conditions of the Bank.

Yours faithfully,

_____   _____   _____
authorized signatory(s

_____   _____   _____
Place (city & country)

[ ] [ ] [ ]   [ ] [ ] [ ]   [ ] [ ] [ ]
day *month* *year*   *day* *month* *year*   *day* *month* *year*

NOTE: In the case of multiple signatories, authorized signatories must sign as per the account mandate.
The customer agrees to abide by all the above Terms & Conditions, which are subject to change without any prior notice.

FOR OFFICE USE

(SV)

signature
Verified by _____