



Cardholder Dispute Form

Name of the Cardholder	
NIC Number	
Card Account Number (C Number)	
Contact Number	

Type of Request

☐ Disputed Transaction

☐ Sales/ Credit Draft Copy

Transaction Date	Merchant Name	Amount

Please check the appropriate statement below.

☐ I have been charged _____ (Once, twice, three times etc) for the said transaction.

☐ I do not recognize this transaction.

☐ I have paid this transaction by other means ☐ Cash ☐ Cheque ☐ Other card (Please enclose proof of payment by other means.

☐ I have never made, signed nor authorized the above transaction. Neither have I made a telephone or mail order transaction, nor did I receive any merchandise. The card was in my possession at the time of the said transaction and at all times, even at present the card is in my possession.

☐ I have never made, signed nor authorized the above transaction. Neither have I made a telephone or mail order transaction, nor did I receive any merchandise. The card was not in my possession at the time of the said transaction and even at present the card is not in my possession.

☐ I have only signed for the transaction amount of _____ however I have been debited for _____ (please enclose copy of the transaction receipt)

☐ Enclosed credit slip has not yet been credited to my account.

☐ I did authorize this transaction; however, I have not received any goods/services. Expected delivery date of the services/ goods were ____/____/____. I have contacted the Merchant to resolve this dispute and relevant documents are attached herewith. (documents indicating the expected delivery date, description of the goods/services)

☐ I did authorize this transaction, however, the goods/services were not as described / the goods received were damaged/defective. I returned the goods/ canceled the service on ____/____/____. I have contacted the merchant to resolve this dispute.

☐ The sales of the goods were canceled/hotel reservation was canceled/car rental reservation was canceled. My cancellation # is _____ and I canceled it on _____

☐ I have canceled/attempted to cancel my subscription/membership according to the Merchant cancellation policy. I have contacted the Merchant to resolve this dispute. I have attached a copy of my instructions to the Merchant to cancel my subscription/membership. (The transaction should have been posted 15 days after the cancellation date)

☐ I have tried to withdraw cash from Bank ATM however cash did not dispense (ATM Slip copy enclosed)

☐ I received only _____ (amount) for ATM withdrawal however my card account was debited for _____

☐ Others (Please enclose the necessary documents to support the dispute)

Cardholder Declaration:

I hereby declare that all information provided above by me is true and correct to the best of my knowledge. I hereby authorize Cargills Bank LTD to investigate/correct the transaction(s) dispute. Should the dispute be found invalid, I agree that I shall be liable for the sales slip retrieval fee and other processing charges incurred by the Bank in the course of the investigation. I understand that the investigation may take 180 days or more if pre-arbitration/arbitration, pre-compliance/compliance is required for resolution.

Also I hereby that I have read, understand and agreed to Bank's dispute resolution policy declared on the Bank website www.cargillsbank.com

Date : _____

Signature (Basic Cardholder) : _____

Signature (Supplementary Cardholder) : _____

Important:

Please attach copies of any documents that support your claim. Lack of documentation may delay in resolving your dispute(s).

Failure to complete the relevant sections of the form may result in a delay in the processing of your dispute(s).

You may either e-mail this form along with your supporting documents to CardFCD@cargillsbank.com or mail to Cargills Bank Card Centre, No: 34, Maitland Crescent, Colombo 07