

نموذج إعتراض لحامل البطاقة CARDHOLDER DISPUTE FORM

CIF Number		رقم ملف العميل		Date								التاريخ
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Cardholder Name (Basic/Supplementary) اسم حامل البطاقة (الاساسي / فرعي)	Card Number (Basic/Supplementary) * رقم البطاقة (الاساسي / فرعي) *
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No.	تاريخ كشف الحساب Statement Date	تاريخ المعاملة Transaction Date	اسم التاجر والبلد Merchant Name and Country	المبلغ (الدرهم) Amount (AED)	المبلغ (بالعملة الأجنبية إذا كان قابل للتطبيق) Amount (In Foreign Currency if applicable)
1.					
2.					
3.					
4.					

*Please enter only first 6 and last 4 digits of the card number. Eg: 123456XXXXXX7890 123456XXXXXX7890

I hereby dispute the above mentioned transaction(s)
(Please tick relevant box(es))

I certify that the charge(s) listed above have NOT been incurred by me nor have I received any goods/services through the charge(s), and the card IS in my possession.

I certify that the charge(s) listed above have NOT been incurred by me nor have I received any goods/services through the charge(s), and the card IS NOT in my possession The card was:

Lost مفقوده Stolen مسروقه Never Received لم يتم إستلامها

The amount of the transaction is incorrect. I was charged AED _____ I should have been charged AED _____. (Enclosed is a copy of my charge slip).

I have not incurred the above charge(s) but I did engage in a transaction of AED _____ on date _____ at the same merchant outlet. (Enclosed is a copy of my charge slip).

I have been billed more than once for the charge. I have authorised only one of these charges.

I have settled the charge directly with the Merchant Establishment through Cash / Cheque / Other _____. (Circle One or Specify) (Enclosed is the copy of the RECEIPT issued by the Merchant Establishment evidencing direct settlement).

I expected to receive goods/services by date _____ against the above charge(s) from the Merchant Establishment.

The goods/services have never been received. (Enclosed is a copy of my correspondence with the Merchant Establishment).

I returned the merchandise against the above charge (Enclosed is a copy of the postal / courier receipt evidencing return of merchandise and my correspondence with the Merchant Establishment).

I cancelled the subscription / membership / policy (circle one) against the above charge(s) on date _____. (Enclosed is a copy of my letter/ email to the Merchant Establishment & Cancellation confirmation from the Merchant Establishment).

The merchant did not process Credit / Refund as agreed (Enclosed is copy of Credit Slip / Refund document)

HOTEL RESERVATION? حجز الفنادق

I have cancelled the reservation on date _____ under the cancellation code _____.

I have not made any reservation.

ATM DISPUTE المعاملات المعترض عليها من جهاز الصراف الآلي

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

I tried to withdraw AED _____ from ATM, but received only AED _____ from the ATM.

Other (Please specify)

أخرى (يرجى ذكر)

- Please ensure to attach relevant documentation to support your dispute.
- Disputed transaction shall not be entertained without supporting documents.
- We may ask in some instances to please provide your Original Cancelled Card and Passport Copies (All pages).

Declaration

- I hereby affirm that the information furnished above is true to the best of my knowledge, information and belief. • أؤكد بموجب هذا أن المعلومات الواردة أعلاه صحيحة وفقاً لمعرفتي ، علمي و إعتقادي.
- I agree to have my card replaced to facilitate the dispute investigation as and when directed by the Bank. • على استبدال بطاقتي لتسهيل التحقيق في النزاع عند توجيه البنك.
- If the transaction appears to be valid, I agree to be charged a processing fee of AED 25 per transaction. • إذا بدا أن المعاملة صالحة ، فأنا أوافق على فرض رسوم معالجة بقيمة 25 درهماً لكل معاملة.
- Dispute should reach within 30 days of the statement date, otherwise the transaction will be considered as valid. • يجب أن يصل الاعتراض خلال 30 يوماً من تاريخ كشف حساب البطاقة الإئتمانية، وإلا سيتم اعتبار المعاملة صالحة
- The Emirates NBD Bank P.J.S.C Credit/Debit Cards Terms and Conditions are applicable. • خاضعة للشروط و الأحكام الخاصة لبطاقة الإئتمان/الخصم من بنك الإمارات دبي الوطني ش.م.ع.

Customer Signature(s)

توقيع العميل / العملاء

Mobile Number		Email ID	
Phone Office/Residence			

IMPORTANT

- Please enclose the relevant statement copy duly marking the disputed amount(s).
- Please include all relevant documents such as your charge slip copy, correspondence with the merchant, cash receipt etc., to enable us review further.
- Disputed transactions shall not be entertained without supporting documents.

Please send this form through email along with the enclosures within 7 days of receipt of this form.

PLEASE EMAIL THIS FORM TO: carddispute@emiratesnbd.com

تنوية:

- يرجى إرفاق نسخة بيان ذات الصلة مع تحديد المبلغ (الكميات) المتنازع عليها.
 - يرجى تضمين جميع المستندات ذات الصلة مثل نسخة قسيمة الشراء الخاصة بك والمراسلات مع المؤسسة التجارية والإيصال النقدي وما إلى ذلك ، لتمكيننا من المراجعة مرة أخرى.
 - لا يجوز التعامل مع المعاملات المتنازع عليها بدون المستندات الداعمة.
- يرجى إرسال هذا النموذج عبر البريد الإلكتروني مع المرفقات خلال 7 أيام من استلام هذا النموذج.

يرجى إرسال هذا النموذج إلى: carddispute@emiratesnbd.com

FOR BANK USE ONLY

Signature verified		Documents verified	
Authorised by		Input by	