## **DEBIT CARD DISPUTE FORM**



CARD HOLDE	R DETAILS					
Card Number	-	-	-			
Cardholder Name						
Account Number						
Contact Number						
DISPUTES						
Transaction Date A		ATM Bank/Merchant Na	ame	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.						
My card was: (circle A) Lost/Stolen B) Never received Multiple Proceived I have been charge (DD/MM/YYYY) Difference in	Date C) Card was in m  cessing ed multiple times be Amount y sales slip differs for	out have only authorized o	of fraudulent use		n//	
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)						
	oods on the date $\_$	/(DD/MN Please provide the evidence	_	my Debit Card and returned the	e same to the merchnat on	
I have not received				//(DD/MM/YYY	(Y) to adives him/her.	
ATM Cash No l attempted to wit amount.	-	n ATM through my Debit (	Card. I did not rec	eive the cash however my acco	unt has been debited for that	
	rtially Disper y ATM slip differs fr		eceived. The differ	ence 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 Cardholder
REQUIRED ATTACHMENT
Please provide transaction receipts or any supporting document where applicable.
Copy of Sales Slip
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 Signature

www.jsbl.com 24/7 Call Centre 111-654-321