Emirates NBD

Diners Club INTERNATIONAL

CARDHOLDER DISPUTE FORM

Date	

Cardholder Name (Basic/Supplementary)	Card Number (Basic/Supplementary)

No.	Statement Date	Transaction Date	Merchant Name and Country	Amount (AED)	Amount (In Foreign Currency if applicable)
1.					
2.					
3.					
4.					

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 possesion
- ☐ 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 possesion

  The card was:
- ☐ Lost ☐ Stolen ☐ Never Received
- ☐ The amount of 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 & 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

- ☐ I have cancelled the reservation on date _____ under the cancellation code _____.
- ☐ I have not made any reservation

ATM DISPUTE

- ☐ 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) _____

- 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)** to any Emirates NBD branch.

Declaration

- I hereby affirm that the information furnished above is true to the best of my knowledge.
- I agree to have my card replaced to facilitate the dispute investigation as and when directed by the Bank.
- If the transaction appears to be valid, I agree to be charged a processing fee of **AED 50** per transaction.
- Dispute should reach within **30 days** of the statement date, otherwise **the transaction will be considered as valid**.

_____

Customer Signature(s)

Mobile Number		Email ID	
Phone Office/Residence		Fax	

IMPORTANT

- Please enclose the relevent 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 fax along with the enclosures within 7 days of receipt of this form.

PLEASE FAX THIS FORM TO FAX NUMBER 04 - 2328000 OR EMAIL TO : carddispute@emiratesnbd.com

FOR BANK USE ONLY			
Signature verified		Documents verified	
Authorised by		Input by	