

**Note: Please fill, print, sign and deliver it to the Branch**

Type of Dukhan Bank Card ☐ Debit card ☐ Credit card

Card Number

### Transaction #1

Transaction Date

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Merchant Name

Currency value

Reference Number

I confirm the card was always in my possession ☐ Yes ☐ No

### Please choose the dispute reason from the following list:

- |  |   |
|--|---|
| <input type="checkbox"/> Duplicate Billing   | <input type="checkbox"/> Not participated or unauthorized transaction                   |
| <input type="checkbox"/> Incorrect Amount  | <input type="checkbox"/> Cash not dispensed from ATM                                    |
| <input type="checkbox"/> Refund / Credit not received (please attach credit voucher) | <input type="checkbox"/> Service / Goods not received (please attach support documents) |
| <input type="checkbox"/> Cancelled transaction (please attach cancellation proof)    | <input type="checkbox"/> Defected merchandise or not as described                       |
| <input type="checkbox"/> Paid by other means (please attach proof of payment)        | <input type="checkbox"/> Need more information  |

If none of the above applies, please clarify the reason for complaint

Cardholder Name

Account Number

Mobile Number

Email Address

☐ I understand that the investigation may take up to 180 days. I understand that all required and supporting document(s) must be provided as and when requested.

Signature:

**Note: Kindly attach a copy of your employee ID along with this form.**