



(Authorised and Regulated by the Financial Conduct Authority/Prudential Regulatory Authority)

## **Cardholder Dispute Form**

**(For MasterCard Cardholders Only)**

Cardholder's name	Cardholder's card number ( Truncated )
<p><b><i>Please specify the transaction:</i></b></p> <p style="margin-left: 40px;"> <input type="checkbox"/> Card present transaction  <input type="checkbox"/> Card not present  <input type="checkbox"/> ATM Withdrawal         </p>	

**Please certificate the following:**

**“Please tick one only” or “please tick all that apply”**

There has been no recompense for the enclosed credit (refund) and 30 calendar days have passed since the credit (refund) transaction date.

I have up to now not received merchandise ordered by me and 30 calendar days have elapsed from the transaction date. The goods have not been delivered to the agreed address..

The merchandises or service was not a as described. *Please enclose all relevant documentation and explanation.*

***For the above three dispute types, you MUST attempt contact with the merchant or its liquidator to try to resolve the matter; please provide the details below.:***

- Date (MMDDYY) for the lasted contact with merchant or its liquidator \_\_\_\_\_
- Contact method \_\_\_\_\_
- Contact person \_\_\_\_\_

*Please also provide the merchants response*

I have not received requested amount of cash from the ATM.

There is a discrepancy in the amount charged or the currency used. The amount and currency should be \_\_\_\_\_..

I have informed the merchant in relation to MasterCard guidelines for cancelling recurring transactions and that I no longer accept the transactions. However, the merchant continues to charge me.

The transaction is a duplicate transaction.

Other circumstances see enclosed typed explanation

*For all disputes, please enclose all relevant documentation (e.g. receipts, e-mail, conversations, contracts etc.) and a written statement of the scenario.*

Transaction date	Merchant and Place	Amount	Authorizations number	Foreign Currency amount

Date and Place	Cardholder signature	Cardholders Name



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**Please type your written statement**

Date and Place	Cardholder signature	Cardholders Name