

# Cardholder Dispute Form



Card Number

Details of disputed transaction(s) shown in my statement dated

| S. No. | Transaction Date (s) | Name of Merchant | Transaction Amount |
|--------|----------------------|------------------|--------------------|
| 1      |                      |                  |                    |
| 2      |                      |                  |                    |
| 3      |                      |                  |                    |
| 4      |                      |                  |                    |

I have examined the changes made to my card account and wish to dispute the aforementioned transaction/s for the following reason:  
PLEASE SELECT THE REASON RELATED TO YOUR DISPUTE:

- Transaction No. \_\_\_\_\_ not recognized. Need more clarification on the following details:  
Merchant Name..... Merchant Location.....Transaction date(s).....Transaction amount.....
- Unauthorized Internet / Mail / Phone order transaction or Not participated in the transaction No. \_\_\_\_\_
- Transaction No. \_\_\_\_\_ Incomplete / Failed / Not authorized. Attached transaction slip (Yes / No)
- Transaction No. \_\_\_\_\_ has been Duplicated, only one sale was authorized.
- Incurred one transaction dated ..... at the above mentioned merchant establishment and not incurred the transaction(s) No. \_\_\_\_\_ listed above. Attached a copy of accepted transaction (Yes/ No)
- Transaction No. \_\_\_\_\_ amount incurred was ..... but billed for .....  
Attached a copy of the transaction slip for genuine transaction (Yes/ No)
- Service / Goods relates to Transaction No. \_\_\_\_\_ not received. Expected date of receipt .....DD / MM / YYYY.....  
Attached a copy of the letter to merchant attempting to resolve the dispute.
- Credit voucher for the transaction No. \_\_\_\_\_ was issued on.....but not processed to the card account.  
Attached a copy of credit refund slip / cancellation letter from the merchant establishment.
- Transaction No. \_\_\_\_\_ Cancelled recurring Membership / Subscription. Date of Cancellation .....DD / MM / YYYY.....
- Transaction No. \_\_\_\_\_, Hotel reservation cancelled on ..... but billed for “no show” charge. The cancellation number is .....
- Transaction No. \_\_\_\_\_, Paid the amount by other means, evidence of payment by Cash / Cheque / Credit card / Others is attached.

**Other Dispute Reasons:**  
.....  
.....

**DECLARATION**

I hereby affirm that the information furnished above is true to the best of my knowledge.  
My card was in my position and control at the time of the questioned transaction.  
Name ..... Contact Number.....

Signature .....

Kindly e-mail back the Completed Dispute form to e-mail ID [Dispute@Mashreq.com](mailto:Dispute@Mashreq.com)  
**MANDATORY:-**Please forward the Completed form duly signed. Incomplete forms will not be processed.