

TRANSACTION RETRIEVAL AND DISPUTE FORM



Date:

Types of Card: Online Mastercard

Name: Card No.

ID No. Phone No.

Account No. (link to card) E-mail Address:

DETAILS OF DISPUTE

Date of Transaction in Dispute	Currency	Amount	Transaction Type ATM / POS / Online	Country of Dispute	Merchant/ ATM Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DESCRIPTION OF DISPUTE

Fill up the following in case you are disputing the transaction.
I dispute the above mentioned transaction(s) for the following reason (please tick one box only)

- Duplicate Billing** *I was charged more than once for a single authorized transaction.*
- Incorrect Amount** *The amount billed to my card is different from the amount i have authorized.
(Please enclosed copy of transaction receipt which you authorised)*
- Unauthorized Transaction** *I did not authorised this transaction. My card was in my possession at the time of transaction and at all times.
Please copy of front & backside of the card & copy of sales slip of acknowledged transaction from the same merchant (if applicable)*
- Refund** *This transaction has been canceled but refund was not processed..
Please enclosed transaction receipt/enclosed proof that transaction has been canceled*
- Others**

Please insert your concern/reason here

DECLARATION

By signing this form, I confirm information provided is true and correct.

Authorized Signatory Signature

Name:

FOR WING REPRESENTATIVE / AGENT USE ONLY

Signature: _____ Signature: _____ Signature: _____

Processed by: _____ Checked & verified by: _____ Approved by: _____

REMARKS