

# Dispute Resolution Form - FRAUD

## Transaction Information:

Merchant Name: \_\_\_\_\_ Transaction or Settlement Date: \_\_\_\_\_

Transaction Amount: \_\_\_\_\_ Disputed Amount: \_\_\_\_\_

Merchant Name: \_\_\_\_\_ Transaction or Settlement Date: \_\_\_\_\_

Transaction Amount: \_\_\_\_\_ Disputed Amount: \_\_\_\_\_

## Cardholder details:

Cardholder full name: \_\_\_\_\_ Identity number: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email address: \_\_\_\_\_

Wallet ID: \_\_\_\_\_ Card Number: \_\_\_\_\_

## Type of Fraud Dispute (check all applicable):

- Cardholder did not engage in nor authorize the transaction
- Cardholder does not recognize the non-face-to-face transaction appearing on his/her account  
(every effort was made to identify the transaction for the cardholder)
- Cardholder was in possession and control of the card issued at the time of the transaction
- Cardholder was not in possession nor in control of the card issued. The card used was lost or stolen.

## Dispute Details

Describe the cardholder's complaint in sufficient detail to meet the requirements for the chargeback as described in the *Chargeback Guide* and to enable all parties to understand the dispute


"The issuer certifies that it complies with Mastercard Bylaws, Rules, policies and operating regulations and procedures of Mastercard (the "Standards"), written agreements and privacy laws and regulations applying to the protection of personal data. The issuer agrees that the personal data collected may be used according to Mastercard Standards and Mastercard's Global Privacy Notice on <http://www.mastercard.us/privacy/>. I certify that the facts were obtained from my discussion with the cardholder or the company/government agency representative on behalf of the corporate/government card cardholder and that the facts are accurate to the best of my knowledge."

\_\_\_\_\_  
Customer Service/Chargeback Representative

\_\_\_\_\_  
Date

I certify that the information herein is accurate and complete. I hereby indemnify you, your employees or agents against any claim, loss or damages both direct and indirect, which may arise as a result of actions taken based on the information provided in this Dispute Form.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date