

CARD DIVISION, CHQ

DISPUTE CLAIM FORM

Date:

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Dispute Transaction Details:			
Card Holder Name			
Card Number			
Card Type	Debit <input type="checkbox"/>	Credit <input type="checkbox"/>	Prepaid <input type="checkbox"/>
Account Number <i>(In case of Debit Card)</i>			
Transaction Type	ATM <input type="checkbox"/>	POS <input type="checkbox"/>	E-com/Online <input type="checkbox"/>
Transaction Date	Date:	Month:	Year:
Transaction Time	AM	PM	
Acquiring Bank Name			
ATM Location			
POS Acquiring bank Name			
Merchant / Shop Name (For POS)			
Dispute Amount	BDT:	USD:	
Country Name (For USD Transactions)			
Transaction / Receipt ID (As per Slip)			
Approval Code (As per Slip)			
OBL Account No. for Reversal <i>(Other than OBL Staff account)</i>			
<u>Transaction Descriptions:</u>			
Card Holder Signature			
Contact Details	Mobile Number:		
	E-mail Address:		
Attachment	<input type="checkbox"/> Transaction Slip <input type="checkbox"/> Transaction SMS Copy <input type="checkbox"/> Others Transaction Related Documents		

Terms & Condition:

- ❖ Please notify us your dispute details within 07 days of your notice.
- ❖ Dispute resolution time frame policy of VISA, NPSB & QCASH transactions: Minimum 30 days, Maximum 150 days from Dispute processing date.