**Visa Dispute Form**

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| --- | --- | --- | --- | --- |
| Full names | | | | |
| Identity number | | | | |
| Contact number | | | | |
| Email address | | | | |
| Card number | | | | |
| Date of disputed transaction | Amount | Transaction Type  ATM/POS/Online | Country of dispute | Merchant/ATM name |
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|  |  |  |  |  |
| Description of what happened? | | | | |
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|  | | | | |
| Description of goods/services purchased? (for Online/POS) | | | | |
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Customer did not perform/ is not aware of this transaction (Fraud)

Were you in possession and control of the card at the time of transaction? Yes No

The card was used twice, only one of the transactions was successful, one transaction failed. The funds were deducted twice/duplicate processing (Please attach declined slip if available)

The customer used the card but the transaction was unsuccessful. The funds were deducted. The customer used other means of payment (Please attach declined slip as well as proof of other means of payment if available)

Cash/Funds not received from the ATM (please attach declined slip if available)

Full Amount Partial amount received? Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goods/Services were not received

Did you cancel the order prior to the delivery date of the goods/service? Date when cancelled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goods/Services received were not as described or defective

Did you try to resolve the dispute with the merchant? Yes No

If yes, when did you attempt and why did the merchant fail to resolve the dispute?

If No, what are the reasons?

The issuer’s representative certifies that the facts were obtained from discussions with the cardholder and that the facts are accurate to the best of their knowledge.

Customer Service/Chargeback Representative Date

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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

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