HSBC
The world's local bank

Fax to: +971 4 3906788

Date : _____

CREDIT / DEBIT CARD DISPUTE FORM

Card Number : | | | | | | | | | | | | | | | | |

Account Number :
(In case of Debit Card dispute(s)) | | | | — | | | | | | | — | | | |

Cardholder Name : _____

	Transaction Date	Merchant Name (as appears in Credit Card / Account statement)	Billing Amount
1			
2			
3			
4			
5			

I dispute the above transactions appearing on my HSBC Credit Card / Account Statement for the following reason; ***(Note: Disputes should be reported to the bank within 30 days from the statement date)***

- ☐ **The billed amount is incorrect. I have signed for _____.** (*Please provide a copy of your sales slip)*
- ☐ **I have already been billed for the above transaction on _____**
- ☐ **I have paid for this transaction by other means.** (*Please provide proof of alternate payment.)*
- ☐ **I have not received the Goods/Services.** (*Please provide a copy of the merchant's delivery terms and your correspondence with the merchant, if any.)*
- ☐ **I did not receive the requested cash at the ATM.**
- ☐ **This is a recurring transaction/subscription. I have cancelled this on _____.** (*Please provide cancellation letter sent to the merchant.)*
- ☐ **Credit is still not processed by the merchant.** (*Please provide copy of your credit voucher)*
- ☐ **I agree to the transaction for _____ dated _____ at_____, BUT, do not agree to the above transactions by the same merchant.**
- ☐ **I have neither participated in nor authorised the above transactions. The card and PIN was in my possession at all times.**

Dispute related comments (if any) : _____

I agree to an investigation fee of AED100.00 for each disputed transaction if the transaction is proven to be mine. Further I endorse that I shall stand by the truth of this statement for subsequent legal enquiries by the bank/Law enforcement authorities (if any). I understand that the investigation may take upto 180 days to resolve and that the bank reserves the right to reverse any interim credit given in this regard.

Address : _____

_____

Email : _____

Contact : **Mobile** _____ **Res.** _____

Office _____ **Fax** _____

Signature of the Cardholder

HSBC Bank Middle East, Cards Products Division - Dispute Resolution Unit, P O Box 500368, Dubai Internet City, Dubai - UAE

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