HSBC

TO: Regional ATM Unit Date: _____

HSBC Bank Middle East Limited,
Cards Products Division,
P O Box 500368, Dubai Internet City,
Dubai – UAE
Fax: +971-4-3906788

ATM DISPUTE FORM

Account Number	
Name	

	Transaction Date	Bank Name /Network Name	Time of Withdrawal	Transaction Amount
1				
2				
3				

Tick the appropriate box:

☐ Cash was not dispensed, but my/our account was debited.

☐ Part of the amount was dispensed. Amount Requested _____

Amount Received _____

☐ Did not perform the above transaction(s). At the time of this transaction(s) the card and the PIN was with me.

☐ Comments (if any): _____

I hereby accept and agree to the following:

a.	The Bank has the authority to involve the competent law enforcement authorities in this investigation if required.
b.	Should the Bank's records and investigations conclude that any of the transaction (s) listed above was / were conducted by me or with my knowledge/authority, I hereby authorize the Bank to debit my account with: - AED 100.00 for each claim reported above - Any interim credit provided by the bank pending completion of investigations
c.	I herby confirm that the above facts are, to the best of my knowledge, information and belief, true.

Address:
_____

Contact: Mobile_____ Res_____
Office_____ Fax_____

Customer Signature