

CARDHOLDER LETTER

Card No: Card type Debit Credit

Cardholder's Name:

S. No	Transaction Date	Merchant Name (as it appears in the cardholder statement)	Country	Bill Amount (BHD)

I am disputing the above mentioned transaction(s) for the following reason (please tick one box only) :

<input type="checkbox"/> Duplicate Billing I was charged more than once for a single authorized transaction (transaction Date & Amount should be same)
<input type="checkbox"/> Paid by other means <i>Please enclose proof of payment by other means (i.e. cash receipt, other credit card transaction receipt etc.)</i> I paid this transaction(s) by other means <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Other Card
<input type="checkbox"/> Incorrect Amount <i>Please enclose copy of the transaction receipt which you authorized</i> The amount billed to my card is different from the amount that I had authorized.
<input type="checkbox"/> Additional incorrect transaction <i>Please enclose copy of the statement and sales slips</i> I confirm that I have participated in the transaction (s) for _____ dated _____ but I have not participated in the transaction(s) for _____ dated _____ at _____
<input type="checkbox"/> Incorrect reversal amount <i>Please enclose copy of the statement for both transaction as well as reversal</i> The amount reversed to my card is different from the original debit (Foreign Exchange difference)
<input type="checkbox"/> Unauthorized Transaction For overseas transaction, please enclose copy of passports (all Pages) I have neither participated nor authorized the above transaction. (select only if none of the above disputed reasons apply). I have separately arranged to block my card and have asked for replacement of my card to avoid further misuse. <input type="checkbox"/> My card was in my possession at the time of the transaction. <input type="checkbox"/> My card was not in my possession at the time of the transaction. <i>Please provide copy of front & backside of the card & copy of sales slip of acknowledged transaction from the same merchant (if applicable)</i>
<input type="checkbox"/> Cancelled reservation / recurring transaction / membership / subscription I have cancelled my reservation / recurring transaction / membership / subscription on _____ according to the Merchant's cancellation policy. <i>Please enclose copy of the cancellation notice addressed to the merchant with fax/postal confirmation. The transaction should have been posted 15 days after the cancellation date.</i>
<input type="checkbox"/> Refund / Credit not processed Credit transaction receipt / voucher issued but credit not processed / posted to my account or goods returned to merchant but refund not processed. <i>Please enclose credit transaction receipt/enclose proof that merchant received the returned merchandise i.e. Registered Mail receipt or courier invoice signed by the merchant upon receipt of the goods.</i>
<input type="checkbox"/> Non-receipt of Goods Goods were expected by _____, but not received. (indicate the date you are expecting the goods) <i>Enclosed: (a) Merchant Sales & Delivery Terms (b) My complaint letter to merchant about non-receipt of merchandise.</i>

ATM withdrawal

I have tried to withdraw cash from _____ Bank ATM but cash not dispensed (ATM slip copy enclosed).

I received only (amount) _____ for ATM withdrawal but my card account debited for _____

Services not rendered

Services for the transaction (s) were not rendered due to inability/unwillingness of the merchant. I have attempted to resolve the dispute with the, merchant and/or merchant's liquidator. Date services were to be provided _____ indicate the date services were supposed to be provided.

Please enclose proof that the dispute has been addressed to merchant with fax/postal confirmation

Others (Please enclose necessary document to support the dispute)

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In case of lost Card (to be reported to the Bank within 48 hrs of discovery)

Date and Time when loss was discovered: _____

Date and Time when reported to the police: _____

Name and Address of Police Station: _____

Note: Customer is advised to seek a police report as this may be required for further investigation on a case to case basis. Supporting documents need to be submitted within 7 days from the date of dispute.

Cardholder Declaration:

- I endorse that I shall stand by the truth of this statement for subsequent legal enquiries by the bank/ law enforcement agencies (If required)
- I hereby authorize Standard Chartered Bank to investigate/correct the transaction (s) in dispute
- Should the dispute be found invalid, I agree that I may be liable for the sales slip retrieval fee and other processing charges incurred by the Bank in the course of the investigation. The bank reserves the right to charge necessary finance charges applicable on the transaction with retrospective effect.
- I understand that the investigation may take 180 days (or more) for resolution and the Bank reserves the right to reverse any temporary credit given in this regard

Note: All disputes should be reported to the bank within 45 days (Debit Cards) & 75 days (Credit Cards) from statement date in which transaction(s) appears.

Tel No. Office _____ Res. _____

Mobile _____ Fax _____

Address: _____

E-mail: _____

Cardholder's signature _____ **Date** _____

Claim Documents

The following information/original documents are necessary for processing a claim:

- 1- Completed claim dispute form
- 2- Photocopy of Debit Credit Card (if available or Debit/ Credit Card application form)
- 3- Police Report (where applicable)
- 4- Statement of Credit Card Account (reflecting claimed transactions)
- 5- If the loss has taken place outside the country of residence of Cardholder, then proof of the cardholder being in that place.

Please note that the above are the generally required documents and the insurance company may require and other specific document on a case-by-case basis, depending on the nature of claim.

FOR BANK USE ONLY

Date / Time _____ / _____ Case Ref _____

Bank Official's Name: _____ ID: _____

Signature: _____

Branch: Manama Muharraq Budaiya Riffa Diplomatic Zinj Hamad Town Call Center