

TRANSACTION COPY RETRIEVAL & DISPUTE FORM

Mail to: Standard Chartered Bank
P.O. Box 926190
Amman 11110, Jordan

Phone: 065658011
Email: callcentre.sr@sc.com

CARDHOLDER LETTER

I am Requesting for a copy of the transaction record

Disputing a transaction

My Card No:

My Name: _____

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

Fill up the following in case you are disputing the transaction.

I dispute 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 paid this transaction by other means <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Other Card Please enclose proof of payment by other means (i.e. cash receipt, other credit card transaction receipt etc.)
<input type="checkbox"/> Incorrect Amount The amount billed to my card is different from the amount that I had authorized. Please enclose copy of the transaction receipt which you authorized
<input type="checkbox"/> Unauthorized Transaction I did not authorize this transaction. My card was in my possession at the time of the transaction and at all times. Please provide a copy of front & backside of the card & copy of sales slip of acknowledged transaction from the same merchant (if applicable)
<input type="checkbox"/> Cancelled membership/subscription I have cancelled my subscription/membership on _____ according to Merchant's cancellation policy. 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.
<input type="checkbox"/> Refund/Credit not processed Credit transaction receipt issued but credit not processed/posted to my account or goods returned to merchant but refund not processed. 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.
<input type="checkbox"/> Non-receipt of Goods Goods are expected by _____ (indicate the date you are expecting the goods.)
<input type="checkbox"/> ATM withdrawal <input type="checkbox"/> I have tried to withdraw cash from _____ Bank ATM but cash was not dispensed (ATM slip copy enclosed). <input type="checkbox"/> I received only (amount) _____ for ATM withdrawal but my card account was debited for _____.
<input type="checkbox"/> 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.
<input type="checkbox"/> Others (Please enclose necessary document to support the dispute)

Cardholder Declaration:

<p>I hereby declare that</p> <ul style="list-style-type: none"> ▪ All information provided above is true and I have full responsibility of. ▪ 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 reverse any temporary credit given in this regard & charge necessary finance charges applicable on the transaction with retrospective effect. ▪ I understand that the investigation may take 180 days (or more if pre-arbitration/arbitration is required) for resolution. ▪ I am aware that the transaction (s) amounts referred above on my credit card including the fees and charges are due for settlement. ▪ I do agree and declare that the Bank has the right to debit amount of JOD 5 for each dispute transaction I make, and I will lose my right to reverse the amount in case the disputed transaction was found genuine.
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Important Note: All disputes should be reported to the bank within 30 days from statement date in which transaction(s) appears.

Signature: _____ Date: _____

Phone No. Office: _____ Residence: _____ Mobile: _____

E-mail: _____

(FOR BANK USE ONLY)

Received by (Staff Name): _____ Date/Time: _____