

Mail to: SCOPE Chargeback Unit
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SERVICE REQUEST FORM - DISPUTED TRANSACTIONS

1. TRANSACTION INFORMATION

Type of Account: Credit Card Debit Card Current/Savings Account
 Debit Card-i Current/Savings Account-i

Date: Branch: _____

Card No/Account No:

Statement Date	Transaction Date	Merchant Name	Amount (RM)

2. DISPUTE CATEGORY

<p>Duplicate Billing I was charged more than once for a transaction that I authorized. (Please enclose copy of the transaction receipt that you had authorized)</p>	
<p>Incorrect Amount The amount that I had authorized differs from the amount billed. (Please enclose copy of the transaction receipt that you had authorized)</p>	
<p>Paid By Other Means The charge has been paid by <i>cheque / cash / another credit card</i> . (Please enclose proof of payments by other means including cash receipt or other credit card transaction receipt)</p>	
<p>Unauthorized Transaction I did not engage nor authorise the above transaction(s). The card was <i>in my possession / not in my possession</i> at the time of the transaction and at all times. (Please enclose a copy of front & back of the card, transaction receipt and police report to facilitate our investigation for all unauthorized transaction including but not limited to credit card, debit card, CASA and Internet Banking.)</p>	
<p>Non-Receipt of Goods / Services I have yet to receive the merchandise / service under the said transaction. The expected delivery / service date was _____. (Please attached documents showing the expected service or delivery date, if any)</p>	
<p>Cancellation of Merchandise / Flights / Subscription The Credit Voucher for the cancellation of flight / merchandise returned / subscription from the merchant was not entered into my account. (Please enclose a copy of the credit voucher or cancellation notice addressed to the merchant, if any)</p>	
<p>Cancellation of Hotel Reservation I cancelled my hotel reservation on _____ at _____. The cancellation number is _____. (Please enclose a copy of the reservation cancellation notice addressed to the merchant, if any)</p>	
<p>Refund / Credit Not Processed Credit transaction receipt issued but credit not processed/posted to my account or goods returned on _____(date) to merchant but refund not processed. (Please enclose the credit transaction receipt and the cancellation notice addressed to the merchant, if any)</p>	

MEMBER



Standard Chartered Bank Malaysia Berhad (115793-P)

Unauthorized Online Fund Transfer / Bill Payment (Only Applicable for CASA Transaction) The transaction for online fund transfer / online bill payment was neither authorised nor engaged by me. (Please enclose a copy of the online statement from your current / savings account.	
Others <hr/> <hr/> (Please elaborate and enclose necessary documents to support the dispute, if applicable)	

Cardholder's Declaration:

I hereby declare that

- All information provided above is correct, true and to the best of my knowledge. I understand that the Bank has the right to take the necessary action against me for any false claims made on disputed transactions.
- I hereby authorise Standard Chartered Bank Malaysia Berhad/Standard Chartered Saadiq Berhad (“Bank”) to investigate and verify the transaction in dispute from whatever source and whatever means that the Bank considers appropriate.
- I acknowledge that any dispute must be lodged within 30 days from the date of the monthly credit card / account statement.
- I acknowledge that a police report must be made to facilitate investigation by the Bank for all unauthorised transaction including but not limited to credit card, debit card, CASA and Internet Banking,
- If the transaction is found to be legitimate, I agree to bear the sales slip retrieval fee of RM21.20 and RM5.30 applicable for credit card and debit card disputes respectively, and other processing charges incurred by the Bank in the course of the investigation.
- The Bank also has the right to reverse any temporary credit given for debit card point-of-sale transaction and levy applicable finance charges on the transaction with retrospective effect. If the transaction is found to be legitimate, I agree to bear the other processing charges incurred by the Bank in the course of the investigation, and the Bank has the right to levy applicable finance charges on the transaction with retrospective effect.
- I understand that the investigation may take up to 180 days for resolution.
- I understand that the submission of this form is not regarded as notification of lost card to the Bank.
- I understand that incomplete forms or forms without supporting documents will not be processed.
- During the course of investigation, I understand that the Bank will contact me to review the merchant’s rebuttal of my dispute. I understand failure to response within specific timeframe will result in temporary credit to be reversed - if so provided.

First Accountholder's Authorised Signature

Second Accountholder's Authorised Signature

Name:
I.C No/Passport No:
Contact No:

Name:
I.C No/Passport No:
Contact No:

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