



CIMB ISLAMIC CREDIT CARD DISPUTE FORM

In order for us to continue our investigation, please complete, sign and promptly return this letter via fax or mail. Kindly return this letter to us within 14 days from the card statement receipt date else we will assume the charge is in order. Please enclose statement of account or copies of documents, which is relating to the disputed charges. Please note that investigation can take up to 12 weeks. If you would like to check on the status of the investigation, please call the number at the back of your card.

The Manager,
CIMB ISLAMIC BANK BERHAD
 Level 2, Menara SBB
 83, Jln Medan Setia 1, Plaza Damansara
 Bukit Damansara, 50490 Kuala Lumpur
 Contact Centre: 03 6204 7788 / Fax: 03 2381 7198

Cardholder Name : _____

Account No : - - -

No	Merchant Name	Transaction Date	Amount (RM)	Reference Number (ARN)

Please tick one category that best describe your reason for disputing the transaction(s).

1. I certify that the above charge was neither made nor authorized by me or my supplementary cardholder.
2. I have been double triple charged.
3. I participated in only ONE transaction at the above merchant location but did not engage nor authorize the above transaction and my card was in my possession and control at the time of the questioned transaction.
4. The enclosed credit voucher has not been applied to my account.
5. I have paid for this transaction by other means and enclose my proof of payment.
6. I would like to request a copy of the sales draft of the above transaction(s).
7. My credit card was lost / stolen on this date [] and time [].
 Enclosed here with the police report for Bank references.
8. Others, please specify:

Signature of cardholder : _____

Date: _____

Name : _____

I.C No : _____ (old) _____ (new)