


**DEBIT 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. A service fee of RM15 for sales draft retrieval will be charged to your Debit Card account if the disputed transaction is found to be genuine. 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 BANK BERHAD  
19<sup>th</sup> floor Menara Bumiputera Commerce  
11, Jalan Raja Laut  
50350 Kuala Lumpur  
Contact Centre: 03 6204 7788 / Fax: 03 2691 3248**

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). I understand that there are additional charges levied to my account.
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)