

MAF FINANCE - CARDHOLDER DISPUTE FORM

Card Number:
(Basic/Supplementary)

--	--	--	--	--	--	--	--	--	--

Please note that disputed transactions should be within 30 days from the statement date.

Transaction Date	Name of Merchant	Transaction Amount in AED	Statement Date

I confirm the card was always in my possession: YES NO

PLEASE SELECT ONE OPTION:

Transaction NOT recognized. I need more clarification on the following details:

Merchant Name Merchant Location Transaction Date Transaction Amount

- Unauthorized / not participated in this transaction
- Unauthorized Internet /mail / phone order transaction
- Duplicate transaction
- Cash not dispensed from ATM
- Services / Goods not received (Expected date of receipt: _____ / ____ / ____)
- Refund credit not received (Refund receipt date: _____ / ____ / ____)
- Cancelled recurring Membership/Subscription (Date of cancellation: _____ / ____ / ____)
- Cancelled transaction (Cancellation Code: _____)
- Paid by other means
- Incorrect amount billed

Others (please specify):-----

*Please ensure to attach relevant documentation to support your disputes. Disputed transactions shall not be entertained without supporting documents.

**If transaction appears to be valid, an investigation fee of AED 200 will be charged to your account

***the review of disputed transaction will take at least 90 days till final resolution.

Card Member Name (Basic/Supplementary) _____

Communication Address: _____

Card Member Signature: _____ Fax: -----
(Basic/Supplementary) Contact No.: -----

Date: -----

THIS DOCUMENT IS CLASSIFIED AS CONFIDENTIAL

Please fax this form along with the supporting documents at 04-3420510