بنك نزوى
Bank Nizwa

Card Transaction Dispute Form

Note: Please complete in BLOCK letters and sign in the appropriate space.

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Cardholder Name: _____
First Second Third Surname/Tribe

Account No.: ☐☐☐ ☐☐☐☐☐☐☐☐ ☐☐☐

Transaction Date	Merchant Name/Bank Name	Amount (OMR)	Amount in Foreign Currency	Disputed Amount

I dispute the above mentioned transaction(s) for the following reasons: [Please tick relevant box(es) below]

- ☐ I do not recognise the transaction(s).
- ☐ I did not participate in or authorise the transaction(s). My card was in my possession at the time of the transaction(s).
- ☐ I have been debited instead of receiving a credit.
- ☐ I have been debited for this(ese) transaction(s) more than once.
- ☐ I had agreed to pay a different amount. *(Please attach the actual signed sales draft)
- ☐ I did not receive any cash or I only received _____
- ☐ I had paid for this(ese) transaction(s) through other means. *(Please attach proof of payment)
- ☐ I have not received the promised credit/refund *(Please attach the credit/refund voucher)
- ☐ I cancelled membership on DD ☐☐ MM ☐☐ YYYY ☐☐☐☐ *(Please attach the cancellation proof)
- ☐ I did not receive the ordered merchandise/services DD ☐☐ MM ☐☐ YYYY ☐☐☐☐
  *(Please attach signed agreement with the merchant providing expected/confirmed date for receipt)

I cancelled the transaction on DD ☐☐ MM ☐☐ YYYY ☐☐☐☐ *(Please attach cancellation proof)

Any other (please specify below/provide additional information) _____

_____

*Please ensure relevant documentation is attached to support your dispute. Your dispute will be rejected in the absence of appropriate supporting documents.

*Bank Nizwa must receive your dispute within 20 days of the statement date; failing to do so all details in the statement will be considered as correct.

DECLARATION

I hereby affirm that the information furnished above along with enclosures are true and accurate and also re-confirm that in case the disputed charges from third parties do pertain to my Bank Nizwa card account I would be liable to pay the dispute amount along with retrieval charges where applicable.

I/We confirm that the PIN/Security Code was not recorded on any material kept with the card, and that the PIN/Security Code has not been disclosed to any other person by written, verbal or other means.

I/We acknowledge and agree that confidential information which may at any time be provided to the Bank in connection with my complaint may be used by the Bank in investigating the complaint and be disclosed by the Bank for that purpose to others (including the Bank's agents and any relevant authority in either case here or overseas). I/We authorise the Bank to investigate the transaction(s) in dispute and correct my/our card account accordingly.

I/We acknowledge the matter may be referred to the local or international police for further investigation.

I/We acknowledge that the Bank may charge a fee for the dispute processing, if found that the transaction was done by the authorised cardholder or correctly charged/disbursed.

_____
Primary Cardholder Signature

_____
Supplementary Cardholder Signature

Date Signed: DD ☐☐ MM ☐☐ YYYY ☐☐☐☐

Date Signed: DD ☐☐ MM ☐☐ YYYY ☐☐☐☐

(Please note that the supplementary cardholder's name & signature is mandatory where the transactions disputed are done through the Supplementary Card)

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