

ATM Dispute Form

Card Number:

Cardholder Name: _____
First Second Third Surname/Tribe

Account No.:

Type of Card: ATM/Debit Card Prepaid Card Credit Card

| Transaction Date | Transaction Time | ATM Card | ATM Location | Amount Requested (OMR) | Amount Disbursed (OMR) |
|------------------|------------------|----------|--------------|------------------------|------------------------|
| | | | | | |

- I have attempted to withdraw cash using my Bank Nizwa Card. However, no fund was disbursed by the ATM at the time of performing the transaction(s).
- I have attempted to withdraw cash using my Bank Nizwa Card from the ATM. However, I only received OMR _____ as partial disbursement by the ATM at the time of performing the transaction(s).
- Others (please specify): _____

DECLARATION

I hereby affirm that the information furnished above along with enclosures are true and accurate and also re-confirm that in case the dispute 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 as applicable.

I hereby confirm the Card Account will be credited in respect of the Chargeback amount until the transaction under dispute is resolved after examination of the appropriate evidence. If the dispute is not resolved in the Cardholder's favour, then the Cardholder will be responsible for the entire disputed amount.

Primary Cardholder Signature

Date Signed:
DD MM YYYY

Supplementary Cardholder Signature

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)