

ATM DISPUTE FORM

ACCOUNT HOLDER'S DETAILS

Date: _____

Account Number: _____

Branch: _____

Account Title: _____

ATM Card Type: Premier STATUS Core Banking

Card Number: _____

TRANSACTION DETAILS

S.No.	Transaction Date (DD/MM/YY)	Transaction Time (AM/PM)	Bank Name (where transactions were carried out)	Branch/ATM Location	Transaction Amount (in PKR)
1					
2					
3					

ADDITIONAL DETAILS (IF TRANSACTION CARRIED OUT OF PAKISTAN)

S.No.	Country Name	Amount in Foreign Currency	Amount equivalent in PKR
1			
2			
3			

NATURE OF COMPLAINT

Please tick only ONE of the following and provide supporting documents/evidence:

Card captured

Cash not dispensed

Part of the amount was dispensed

Amount Requested _____

Amount Received _____

Please attach your transaction receipt as evidence for partial payment

DECLARATION

I hereby declare that the above facts are true to the best of my knowledge. It is understood in case of any error, the Bank shall have the right to rectify the error unilaterally without any notice to the Card Holder and recover any amount wrongly paid and credited, together with any accrued interest or profit.

Signature Applicant 1	Signature Applicant 2 <small>(In case of Joint Account)</small>
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FOR BANK USE ONLY

Basic Card Number: _____

Basic Cardholder's Name: _____

Basic Cardholder's Account Number: _____

Bank Authorized Signature: _____

Remarks: _____

Date: _____



The world's local bank