

CREDIT CARD DISPUTE FORM Date : _____

Card Number :

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Cardholder Name : _____

	Transaction Date	Merchant Name (as appears in credit card statement)	Billing Amount
1			
2			
3			
4			
5			

I dispute the above transactions appearing on my HSBC Credit Card Statement for the following reason;
 (Note: Disputes should be reported to the bank within 30 days from the statement date)

- The billed amount is incorrect. I have signed for _____ . (Please provide a copy of your sales slip)
- I have already been billed for the above transaction on _____
- I have paid for this transaction by other means. (Please provide proof of alternate payment.)
- I have not received the Goods/Services. (Please provide a copy of the merchant's delivery terms and your correspondence with the merchant, if any.)
- I did not receive the requested cash at the ATM.
- This is a recurring transaction/subscription. I have cancelled this on _____ . (Please provide cancellation letter sent to the merchant.)
- Credit is still not processed by the merchant. (Please provide copy of your credit voucher)
- I agree to the transaction for _____ dated _____ at _____ ,
BUT, do not agree to the above transactions by the same merchant.
- I have neither participated in nor authorised the above transactions. The card was in my possession at all times.

Dispute related comments (if any) : _____

I agree to an investigation fee of OMR10/000 for each disputed transaction if the transaction is proven to be mine. Further I endorse that I shall stand by the truth of this statement for subsequent legal enquiries by the bank/Law enforcement authorities (if any). I understand that the investigation may take upto 180 days to resolve and that the bank reserves the right to reverse any interim credit given in this regard.

Address : _____

 Email : _____
 Contact : Mobile _____ Res. _____
 Office _____ Fax _____

Signature of the Cardholder