## deem

## **Transaction Dispute Form**

Please ensure that all fields are mandatorily filled by you in CAPITAL BLOCK letters before signing.

Date	(DD)(MM)(YYYY)
Customer name	
Credit card number	
Customer number	

I dispute the following transaction(s):

Disputes should be reported within 30 days from the statement

Transaction Date	Merchant Name	Transaction Amount	Currency			
	-					
Reason for dispute	1	1				
Transaction not recognize	ed: 🗌 Merchant name	Merchant location	Transaction date Transaction amount			
Unauthorized internet/ph	one order/mail order transac	ction				
Debit instead of credit						
Altered amount <sup>2</sup>						
Incorrect transaction curr	rency					
Duplicate billing - I have already been billed for the transaction on(DD) _/(MM) _/(YYYY)						
I have paid for the transac	ction by other means <sup>2</sup>					
Returned merchandise th	at did not match the descrip	tion at time of purchase <sup>2</sup>				
Returned merchandise th	at was received damaged or	defective <sup>2</sup>				
Transaction was cancelle	d on(DD) _/(MM) _/(Y	$\underline{YYY}$ with cancellation numl	ber			
Cash not dispensed at AT	M. Bank name:	Sale	es centre:			
Refund/credit not receive	ed (Please provide copy of c	redit voucher)				
I have not received the or made by you with the me		provide copy of merchant's c	delivery terms and any correspondences			
	action/subscription. I have c ion letter sent to the mercha	eancelled this on $(DD) / ($	MM) / (YYYY)			
Other (Please specify)						
I hereby confirm that the informati	ion given above is true to the be	est of my knowledge.				
	ewed on Deem's website at www	w.deem.io. Additionally, for all Cr	is available at Deem offices or alternatively upon edit Card procedures and requests the terms and :).			
SIGN HERE						
Should the dispute investigation req each Sales Draft retrieved.	uire retrieval of the Sales Draft(s)	of the disputed transaction(s), the c	ardholder will be charged a fee of AED 50.00 for			

 $^{\rm 2}$  Attach relevant documentation to support the dispute, without which dispute will not be processed.

For office use only				
Date	(DD) /(MM) /(YYYY)	Service request number		
Recipient name		Documents signed and attached	Yes	No No
Recipient signature	SIGN HERE			