

E-Dispute Form

ACCOUNT DETA	
Branch	Date
Account Name	
Account Number	
Phone Number	
Email Address Card PAN	******
Card I AIV	
E-PRODUCT – Please select appropriately.	
Premium Card Premium Mobile App Premium Internet Service USSD	
DISPUTE TYPE: ATM POS	
Bill Payment Airtime Recharge Funds Transfer Web Payment Non-Dispense of Cash Erroneous Transfer Others	
TRANSACTION DETAILS	
Date of Transaction	
WRONG BENEFICIARY DETAILS	
Name	
Account Number	
Bank	
Customer's Signat	ure/Date
Dear Customer,	

We are very sorry for any inconvenience this dispute may have caused but rest assured that we will endeavour to resolve it within the stipulated timeline. However, if your dispute exceeds the given timeline, you will be contacted.