

ZENITH BANK PLC
DISPUTE FORM

FM-11

Cardholders Name: _____
Card Number: _____
Account Number: _____

Please list the following details as they appear on your card statement

Transaction Date: _____
Transaction Reference: _____
Merchant Name: _____
City: _____
Transaction Amount: _____
Amount Disputed: _____

****Please mark the choice that best describes your dispute & attach any documents that further validate your claim****

- Neither I, nor anyone on my account, made or authorized the transaction.
- A copy of the sales slip is required for cardholders' personal records.
- The above charge was a single transaction but appears twice on my statement. I have enclosed a copy of the original purchase sales slip and the card(s) have been in my possession at all times.
- I used another method of payment for this transaction, not the credit card listed above. Attached is proof of payment by other means. Please include a copy of either the cash sales receipt, front and back of the cashed check, or other credit card statement showing this transaction.
- The enclosed credit slip has not appeared on my account. Please allow the merchant at least 30 days to post the credit to your account before you submit this dispute.
- The enclosed credit slip appeared on my account as a charge.
- I performed this ATM transaction; however, I did not receive the correct amount of cash. I requested _____ and only received _____. Attached are the ATM receipts.
- I was charged _____ but I should have been billed _____. Please find attached a copy of my sales slip showing the correct amount that should have been charged.
- I only authorized one transaction at the following merchant _____ dated _____ referenced _____, the following transactions reference _____ were not authorized.
- I cancelled the hotel reservation on _____. The cancellation number is _____. If there is

no cancellation number then please attach an explanation and a copy of your telephone records showing the cancellation call.

I cancelled the goods/services I ordered with this merchant on _____. I was provided with cancellation number _____, Proof of return, a credit slip (if available) and a copy of the contract showing the cancellation policy. Services must have been cancelled before the transaction date of the item you are disputing.

I have not received the merchandise that was to be shipped to me on _____. I contacted the merchant on _____ and their response was _____. Attached is a letter explaining in detail the sequence of events.

I am disputing the quality of goods or services received. I contacted the merchant to resolve the issue on _____ and was advised _____. I returned or attempted to return the merchandise on _____. Attached is a letter explaining in detail the sequence of events. You must attempt to resolve the issue directly with the merchant first.

The merchandise shipped to me on _____ arrived damaged or defective. I returned it on _____ and the merchants' response was _____

Other

I certify that the above information is true to the best of my knowledge. If additional information is needed, I may be reached on the following number _____

Email _____
Cardholder Signature: _____
Date: _____

I certify that the facts were obtained from my discussion with the cardholder or _____, (who is the company representative or government agency representative on behalf of the corporate card or government cardholder) and the facts are accurate to the best of my knowledge.

Charge Back Specialist: _____
Date: _____

BANK USE ONLY

Branch Processing Officer: _____
Signature: _____
Date: _____

CMS Processing Officer: _____
Signature: _____
Date: _____