

Meezan VISA / Mastercard Debit Card Dispute Form

Cardholder Details

Card Number: - - -

Cardholder Name:

Account Number: -

Cardholder Contact:

Disputes

S No.	Date	ATM Bank / Merchant Name / Website	Amount (PKR)	Amount (USD)
1				
2				
3				

I request a reversal of Amount (in words): _____

I dispute the above transaction(s) on my account statement, linked with card number (mentioned on top) for the following reason(s).

Please Tick as Applicable

I have neither participated in nor authorized the above transaction. The card was in my possession the whole time.

The billed amount is incorrect I have signed for PKR: _____

I have paid for this transaction via other means

Cheque Cash Other: _____

Credit is still not processed by the merchant dated _____

I did not receive the requested cash at the ATM internationally.

Full Amount Partial Amount

Name of Currency _____ Amount _____

Country where the ATM was used _____

I agree to the transaction(s) for PKR _____ dated _____ at _____ but, do not agree to the above additional transaction by the same merchant without any authorization

Dispute related comments (if any): _____

Required Attachments

Please provide transaction receipts or any supporting document where applicable

- a. Copy of Sales Slip
- b. Copy of Credit Voucher
- c. Any other

Disclaimer

I hereby acknowledge that should the disputed charge(s) prove to be valid; I am responsible for the payment of all dispute related charges and penalties as per SOC (Schedule of Charges) on each disputed entry. Furthermore, I authorize Meezan Bank to file (any) chargeback request(s) should my dispute turns out to be claimed by the acquiring bank and agree to bear all liabilities billed in addition to the accrued services fees (if any) regardless of the outcome of my dispute(s).

I do understand that the investigation may take up to 180 days to resolve.

Where Meezan Bank requires, I shall provide an Affidavit in form prescribed by Meezan Bank Limited along with any further information requested by Meezan Bank Limited for investigation and resolution of the disputed transaction(s) claimed by me.

“I authorize Meezan Bank to debit my account, if reversed amount is claimed by merchant and found successful at merchant place”

Signature of the Cardholder

For office use only

Date (received by Meezan Bank Limited):	_____	(dd-mm-yyyy)
Receiving Department:	_____	(dd-mm-yyyy)
Operation Manager:	_____	
Date received by DRU:	_____	(dd-mm-yyyy)
DRU Officer:	_____	
Complaint Number:	_____	
Final Result and Action:	_____	
Final status:	<input type="checkbox"/> Resolved	
	<input type="checkbox"/> Unresolved	

Note: This form shall only be used for POS, WebPay and International ATM transactions.

Please send this form to
Dispute Resolution Unit
Service Quality Department
1st Floor, C-25 Estate Avenue, SITE, Karachi - Pakistan



Meezan Bank
The Premier Islamic Bank