



FIRST CITIZENS BANK LIMITED

Branch: _____

DEBIT CARD DISPUTE FORM

CARDHOLDER NAME:	
ADDRESS:	
TELEPHONE CONTACT#:	EMAIL ADDRESS:
ACCOUNT NUMBER:	SPRAY#:
AMOUNT IN DISPUTE:	DATE OF TRANSACATION:
ATM/ POINT-OF-SALE LOCATION:	BANK:

The information requested below is critical in processing your debit card query. Please check the appropriate box/(es), sign and return as soon as possible.

- I certify that the transaction listed above was neither made by me nor by anyone authorized by me to use my card.
- I certify that my debit card was in my possession during the time of the unauthorized transaction.
- I attempted the transaction as above, but did not receive the cash.
- I attempted the transaction above, but received only _____.
- My account has been debited twice for the same transaction of which only one was authorized by myself.

COMMENTS: _____

By signature hereunder, I hereby certify/confirm that the information on this Dispute Form is to the best of my knowledge and belief, true, correct and complete.

_____ **Cardholder Signature** _____ **Date**

The processing of claims is governed by First Citizens Bank Limited and/or Infolink Services Limited. Whilst some claims may be resolved quickly, it must be noted that some claims may be more involved and may take an average of thirty (30) days. The decision of First Citizens Bank Limited is final.

FOR OFFICIAL USE ONLY

- | | | |
|---|------------------------------|-----------------------------|
| Customer's debit card presented at time of making report? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Customer's card marked as 'hot'? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Customer's card marked as 'closed'? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Attached: Copy of customer ID (mandatory) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Account History | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Switchware – Customer Card Management | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Police Report | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

_____ **Branch Official Signature** _____ **Job Title**

Date

COMMENTS: _____

