



DISPUTE DECLARATION FORM

CIMB BANK CREDIT CARD CENTRE
Level 3, Menara SBB
83, Jln Medan Setia 1, Plaza Damansara
Bukit Damansara, 50490 Kuala Lumpur

Tel No : 03 – 62047788
Fax No : 03 – 23817198
03 – 20953690

Cardholder Name : _____

Credit Card No : - - -

No	Merchant Name	Transaction Date	Amount (RM)
1			
2			
3			

Please tick one category that best describe your reason for disputing the transaction(s).

- I certify that the above charge was neither made nor authorized by me or my supplementary cardholder.
- I have been charged _____ times for the same transaction.
- I participated in only ONE transaction at the above merchant location but did not engage nor authorize the above transaction and my card was in my possession and control at the time of the questioned transaction.
- The enclosed credit voucher has not been applied to my account.
- I have notified the merchant to cancel the recurring membership/subscription on _____ (date). Enclosed is the merchant acknowledgement on the cancellation.
- I have paid for this transaction by other means and enclose my proof of payment.
- I would like to request a copy of the sales draft of the above transaction(s). I understand that there are RM15.00 charge levied to my account.
- My credit card was lost / stolen on _____ (date) and _____ (time). Enclosed is the police report for references.
- Others, please specify.

I hereby confirmed that the above information is true. I acknowledge and agree that I am bound by the terms and conditions of CIMB Bank’s Cardmember’s agreement. I agree to bear the retrieval fee of RM15.00 if transaction found to be genuine.

Signature of cardholder : _____ Contact Number: _____

Name : _____ Date : _____

IC No/Passport : _____ (old) _____ (new)

Note: Please return the completed form to us within 14 days from the statement date of the disputed transaction and enclose statement of account or copies of documents, which is relating to the disputed charges.