DISPUTE RESOLUTION FORM

Card Holder's Personal Information

Name On Card	
Mobile Number	
Email	
Card Number (5202 0200 XXXX 1234)	
NIC Number	

Transactions Details

Transaction date	
Transaction Amount	
Merchant Name	

Detailed Explanation:

Please provide a clear and detailed explanation of the reason for the dispute / chargeback request.

Declaration

I hereby declare that the information provided in this form is accurate and complete to the best of my knowledge. I understand that providing false information can lead to the denial of my chargeback request and may have legal consequences.

…….. ……..

Client Signature Date