



Bank of The Bahamas

L I M I T E D

CARDHOLDER DISPUTE FORM

CARDHOLDER NAME:	PICK-UP BRANCH:
CARD NUMBER:	EXPIRY DATE:
EMAIL ADDRESS:	TELEPHONE:

TRANSACTION DETAILS

TRANSACTION DATE	AMOUNT	MERCHANT NAME

PLEASE TICK THE OPTION(S) THAT APPLY.

SECTION A – UNAUTHORIZED DISPUTES (FRAUD)

- I did not authorize or participate in the transaction (s)
 Card was always in my possession Card was reported lost or stolen. Date reported _____

SECTION B – CONSUMER DISPUTES

- Merchandise/Services Not Received Not as described or defective merchandise/services
 Counterfeit Merchandise Misrepresentation
 Original credit transaction not accepted Non-receipt of cash from the ATM
 Cancelling Recurring Transaction – Subscription *(Please provide cancellation confirmation)*
 I was issued a credit which did not post to my account. *(Please attach a copy of your credit slip.)*

SECTION C – PROCESSING ERRORS

- I was charged the incorrect amount. My receipt shows \$_____. *(Please attach a copy of your sales receipt).*
 Other payment method used (cash, cheque, credit/debit card). *(Please attach a copy of proof of payment.)*
 ATM Error: Amount Requested \$_____. Amount Received \$_____. *(Please provide receipt)*
 Merchandise not as described or defective. *(Please provide details in space below).*
 Duplicate Processing: My account was charged twice for the same transaction. I authorized only one charge with the Merchant.
 Other *(Please provide details in the space provided.)*

I certify that the information provided above is correct to the best of my knowledge. I acknowledge that if after the completion of the Bank's investigation of my dispute that the transaction is found to be valid, a fee of \$35.00 will be charged to my card.

CARDHOLDER'S SIGNATURE

DATE

BRANCH USE ONLY

BRANCH STAMP

Prepared By: _____
 Authorized By: _____

CARD CENTRE USE ONLY

CARD CENTRE STAMP

Authorized By: _____
 Processed By: _____
 Verified By: _____