

## CARD DIVISION

### TRANSACTION DISPUTE FORM

#### Card Holder's Information

Application Date

d	d	m	m	y	y	y	y
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\* Mandatory field

Card holder's Name\*

Card No\*

9	2	9	5	0				*	*	*	*	*	*			
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Account No\*

1	1	0														
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Branch \*

Contact No\*

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Remarks

IN CASE OF PARTIAL DISPENSE
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#### Information for Dispute Amount(s)

Booth Name\*

<b>Modhumoti Bank ATM / Q-Cash ATM / DBBL / Other Bank ATM / POS</b>	Location
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In Case of Q-Cash / ATM / POS Transaction\*

Name of Bank / POS
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Dispute Date\*

<table style="width: 100%; text-align: center;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	Time	<table style="width: 100%; text-align: center;"> <tr> <td>h</td><td>h</td><td>m</td><td>m</td><td>s</td><td>s</td> </tr> </table>	h	h	m	m	s	s
d	d	m	m	y	y	y	y									
h	h	m	m	s	s											

Total Amount\*

Taka	PLEASE SPECIFY CLEARLY
in Word	PLEASE SPECIFY CLEARLY

Card holder's Signature

Signature Verified By

Branch Manager

#### CARD DIVISION USE ONLY

STAN

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Approval Code

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RRN

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CMS-Checked by

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CBS-Reversed by

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CBS-Authorized by