

MasterCard Transaction Dispute Form

Dispute Resolution Unit

Faysal Bank Limited
9th Floor, Card Operation, Faysal House,
ST-02, Shahrah-e-Faisal, Karachi, Pakistan
Fax : 021-32800041



Transaction Date	Merchant Name / ATM Bank Name	Amount (Rs.)	Amount (US\$)

I dispute the above mentioned transaction(s) for the following reason - Please tick the relevant

- Cancelled the transaction on _____ (DDMMYY)* with cancellation number / documentation _____
- Returned the Goods *
- Refund / Credit not received *
- Paid by other means *
- Amount Altered *
- Not received Goods / Services expected by _____ (DDMMYY) *
- Cancelled Membership / Subscription *
- Cash not dispensed from ATM
- Debit instead of credit
- Duplicate Billing
- Not participated or authorised the transaction. My card was in my possession at the time of transaction**
Unauthorised Internet / Mail Phone Order**
- Others (Please Specify) _____
- Other Important Information Regarding Transaction Under Dispute _____

* Please provide supporting documentation

** I hereby authorize the bank to block my below mentioned card number permanently if required as a result of above suspected fraudulent / unauthorised transaction(s).

Declaration: I hereby affirm that the information furnished above is true and correct.

Basic Card No. _____ Name _____ Signature _____

Supplementary Card No. _____ Name _____ Signature _____

Information required to be filled in blanks below should be up-to-date and are mandatory requirements:

Phone (Off.) _____ Phone (Res.) _____ Mobile _____ Date _____

If the disputed transaction(s) is/are proven valid; a transaction retrieval fee would be levied into your card account in accordance with the updated SOC .

If you need any help or information, please contact our 24 Hour Call Centre at: 111 06 06 06