HSBC

ATM DISPUTE FORM

Please complete in **BLOCK LETTERS** and tick (✓) boxes as appropriate.

HSBC Centre, 18, CyberCity, Ebene, Mauritius

A. CUSTOMER PERSONAL DETAILS

Family name _____

First name(s) _____

Address _____

Email _____

Mobile _____ Tel. Home _____

Tel. Office _____ Fax _____

B. DISPUTE DETAILS

Card number ☐☐☐ ☐☐☐☐☐☐ ☐☐☐ Issue number _____

Accessed account number ☐☐☐ ☐☐☐☐☐☐ ☐☐☐

	Transaction date	Transaction time	Bank name / Network name	Transaction amount
1				
2				
3				

I dispute the above transactions for the following reason:

☐ Cash was not dispensed, but my/our account was debited.

☐ Part of the amount was dispensed. Amount Requested _____

Amount Received _____

☐ Did not perform the above transaction(s). At the time of this transaction(s) the card and the PIN was with me.

Customer advice received ☐ Yes *(please attach)* ☐ No

Reject message on ATM screen *(if any)* _____

Dispute related comments *(if any)* _____

C. CUSTOMER DECLARATION AND SIGNATURE

I agree to an investigation fee of Rs.150.00 for each disputed transaction if the transaction is proven to be mine. Further I endorse that I shall stand by the truth of this statement for subsequent legal enquiries by the bank/Law enforcement authorities (if any). I understand that the investigation may take upto 180 days to resolve and that the bank reserves the right to reverse any interim credit given in this regard.

S.V.

_____ Date

_____ Signature of the Cardholder

D. BANK USE ONLY

Branch Use Only

Branch

Branch Manager Signature

Name of Signatory

CPD Use Only

Authorised Signature

MU/CPD/1118