



CREDIT CARD DISPUTE FORM

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

A. CUSTOMER PERSONAL DETAILS

Family name _____

First name(s) _____

Address _____

Email _____

Mobile _____ Tel. Home _____

Tel. Office _____ Fax _____

B. DISPUTE DETAILS

Card number

	Transaction date	Merchant name (as appears in credit card statement)	Billing amount
1			
2			
3			
4			
5			

I dispute the above transactions appearing on my HSBC Credit Card Statement for the following reason:

(Note: Disputes should be reported to the bank within 30 days from the statement date)

- The billed amount is incorrect. I have signed for _____ . (Please provide a copy of your sales slip.)
- I have already been billed for the above transaction on _____ .
- I have paid for this transaction by other means. (Please provide proof of alternate payment.)
- I have not received the Goods/Services.
(Please provide a copy of the merchant's delivery terms and your correspondence with the merchant, if any.)
- I did not receive the requested cash at the ATM.
- This is a recurring transaction/subscription. I have cancelled this on _____ .
(Please provide cancellation letter sent to the merchant.)
- Credit is still not processed by the merchant. (Please provide copy of your credit voucher.)
- I agree to the transaction for _____ dated _____ at _____ ,
BUT, do not agree to the above transactions by the same merchant.
- I have neither participated in nor authorised the above transactions. The card was in my possession at all times.

Dispute Related Comments (if any): _____

C. CUSTOMER DECLARATION AND SIGNATURE

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.



_____ Date

_____ Signature of the Cardholder