## **CARD DISPUTE FORM**



*Please note that all see	ctions must be completed			Guaranty Trust Bank Ltd
PLEASE COMPLETE TH	HE FORM IN BLOCK / CAPI	TAL LETTERS		
* CARD TYPE: Mast	erCard VISA			
* CARDHOLDER'S NA	ME:			
* CARD NUMBER (First	st six digits):	(last four digits):		
BVN:				
* ACCOUNT NUMBER	::			
* HOUSE ADDRESS:				
EMAIL ADDRESS:	*	MOBILE NUMBER:		
Please complete the section below by putting "X" in the relevant boxes Select the box that best explains your dispute				
POS / WEB				
I have neither executed nor authorised the following transaction(s)				
I have been charged more than once for the following transaction(s) on my card				
I have not received of the receipt	the Goods / Services paid	for with my card, I am enclosi	ng a copy	
I have cancelled pay documemnt(s)	ment on my card but I w	as still charged. I have attache	d the	
ATM				
I did not receive any cash from the ATM for the debit on my card				
I did not receive full amount debited on my card (State amount received from the ATM)				
		same transaction on my card	——————————————————————————————————————	
		<u> </u>		
I did not participate	e in the disputed ATM trai	nsaction on my card		
Below are relevant de	etails:			
Trransaction Date	Transaction Amount	Merchant Name / Location	***Bank Document Number (STAN)	
			1	

## \*\*\* Bank Document Number is a 10 digit number available on your statement or confirm from the CIS Officer in the branch I confirm that the information above is genuine and can be held responsible for any irregularities in the information provide to <sup>1</sup>Cardholder's Signature Date \*Please note that all sections must be completed. Office use only: Card Hot listed: Card Sighted: (Hotlist card only if fraud was reported) CIS Officer (Name) Signature & Stamp For more transaction information please write in the space below: <sup>2</sup>Cardholder's Signature Date We acknowledge receipt of your complaint dated this \_\_\_\_\_day of \_ In line with our process of treating disputed transactions, kindly forward the stamped pages of your

recent International passport which must be signed by the Customer Information Service (CIS) Officer

stating that the original had been sighted. (For international transactions only)

We shall request for documentation of the disputed transaction(s) from the merchant(s) involved. Our investigation may take up to 90 days to conclude.

The results of the investigation will be communicated to you in the final notification letter which you will receive from our E-fraud unit.

We empathize with your situation and kindly ask you bear with us in order for us to carry out a thorough and satisfactory investigation.

We thank you for banking with GTBank Ltd while we assure you of our efficient services always.

	CIS Officer (Name)	Signature & Stamp
Branch:		

For more information please contact us on:

E-mail: cardservices@gtbank.com

Telephone: 0800-482-666328, 0802-900-2900, 0803-900-3900 and 01-448000

<sup>&</sup>lt;sup>2</sup>Unauthorised transactions are advised to be reported within 30 days after the transaction date

<sup>\*</sup> Please note that all sections most be completed, Incomplete form will be rejected and not processed