

INTERNATIONAL CARD DISPUTE FORM



Guaranty Trust Bank Ltd
RC 152321

All disputes are advised to be reported within 30 days of the transaction date.
PLEASE COMPLETE THE FORM IN BLOCK / CAPITAL LETTERS.

Please note that all sections must be completed.

Card Type: MasterCard VISA

Cardholder's Name: _____

Card Number (First six digits):

(last four digits):

Mobile Number:

Account Number:

House Address: _____

Email Address: _____

**Please complete the section below by putting "X" in the relevant boxes.
Select the box that best explains your dispute.**

Put "X" in relevant Box

POS / WEB	
I have neither executed nor authorised the following transaction(s)	<input type="checkbox"/>
I have been charged more than once for the following transaction(s) on my card	<input type="checkbox"/>
I have not received the Goods / Services paid for with my card	<input type="checkbox"/>
I am enclosing a copy of the receipt	<input type="checkbox"/>
I have cancelled payment on my card but I was still charged	<input type="checkbox"/>
I have attached the document(s)	<input type="checkbox"/>

ATM	
I did not receive any cash from the ATM for the debit on my card	<input type="checkbox"/>
I did not receive full amount debited on my card (state amount received from the ATM)	<input type="checkbox"/>
I have been debited more than once for the same transaction on my card	<input type="checkbox"/>
I did not participate in the disputed ATM transaction on my card	<input type="checkbox"/>

Below are relevant details:

Transaction Date	Transaction Amount	Merchant Name / Location	***Bank Document Number (STAN)

***** 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 provided to the bank.

Cardholder's Signature _____

Date:
Day Month Year

* Please note that all sections must be completed.

Official use only:

Card Sighted: Card Hot listed: (Hotlist card only if fraud was reported)

CIS Officer (Name) Signature & Stamp

For more transaction information please write in the space below:

Cardholder's Signature _____

Date:
Day Month Year

We acknowledge receipt of your complaint dated this _____ day of _____, 20____
In line with our process of treating disputed transaction, 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 transaction 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 to bear with us in order for us to carry out a thorough and satisfactory investigation.

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

CIS Officer (Name)

Signature & Stamp

Branch: _____

For more information please contact us on:

E-mail: gtbmailsupport@gtbank.com

Telephone: 0700-482-666328, 0802-900-2900 and 0803-900-3900

Please note that all sections must be completed, incomplete form will be rejected and not processed.