

International Card Dispute Form



Guaranty Trust Bank Ltd
RC 15221

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 I am enclosing a copy of the receipt	<input type="checkbox"/>
I have cancelled payment on my card but I was still charged 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

For more transaction information please write in the space below:

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

Official use only:

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

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 documents relating to the disputed transaction(s) from the merchant(s) involved and conduct our independent investigation, which may take up to 90 days to conclude. The result of our investigation shall be communicated to you in an email upon completion.

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

For more information please contact us on:
E-mail: gtbankmailsupport@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.