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 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

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