



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