

CARD DIVISION

TRANSACTION DISPUTE FORM

Card Holder's Information

Application Date	d	d	m	m	y	y	y	y	* Mandatory field						
Card holder's Name*															
Card No*	9	2	9	5	0			*	*	*	*	*	*		
Account No*	1	1	0												
Branch *					Contact No*										
Remarks	IN CASE OF PARTIAL DISPENSE														

Information for Dispute Amount(s)

Booth Name*	Modhumoti Bank ATM / Q-Cash ATM / DBBL / Other Bank ATM / POS	Location													
In Case of Q-Cash / ATM / POS Transaction*	Name of Bank / POS														
Dispute Date*	d	d	m	m	y	y	y	y	Time	h	h	m	m	s	s
Total Amount*	Taka	PLEASE SPECIFY CLEARLY													
	in Word	PLEASE SPECIFY CLEARLY													

Card holder's Signature _____ Signature Verified By _____ Branch Manager _____

CARD DIVISION USE ONLY

STAN							Approval Code						
RRN													

CMS-Checked by

CBS-Reversed by

CBS-Authorized by