

**CZB CARD DISPUTE CLAIM FORM**

Date:

Dispute Transaction Details:			
Card Holder Name			
Card Number			
Card Type	Debit <input type="checkbox"/>	Credit <input type="checkbox"/>	Prepaid <input type="checkbox"/>
Account Number (In case of Debit Card)			
Transaction Type	ATM <input type="checkbox"/>	POS <input type="checkbox"/>	E-com/Online <input type="checkbox"/>
Transaction Date	Date:	Month:	Year:
Transaction Time	AM:	PM:	
Acquiring Bank Name			
ATM Location			
POS Acquiring Bank Name			
Merchant / Shop Name (For POS)			
Dispute Amount	BDT:	USD:	
Country Name (For USD Transactions)			
Transaction / Receipt ID (As per Slip)			
Approval Code (As per Slip)	<input type="text"/>	<input type="text"/>	<input type="text"/>
CZB Account No. for Reversal			
<b><u>Transaction Descriptions:</u></b>			
Card Holder Signature			
Contact Details	Mobile Number:		
	E-mail Address:		
Attachment	<input type="checkbox"/> Transaction Slip <input type="checkbox"/> Transaction SMS Copy <input type="checkbox"/> Other Transaction-Related Documents		

**Terms & Conditions:**

- ❖ Dispute resolution time frame: policy of NPSB, QCASH & VISA transactions:
  - Minimum 30 days
  - Maximum 150 days from the dispute processing date.