

GTBANK CARD DISPUTE FORM



***Please note that all sections must be completed.**

*CARD TYPE MasterCard VISA

PLEASE COMPLETE THE FORM IN BLOCK/CAPITAL LETTERS

*CARDHOLDER'S NAME: _____

Guaranty Trust Bank plc

* CARD NUMBER (First six digits): (last four digits):

* ACCOUNT NUMBER: _____ * HOUSE ADDRESS: _____

* EMAIL ADDRESS: _____ * MOBILE NUMBER: _____

Please complete the section below by putting "X" in the relevant boxes Select the box that best explains your dispute	Put % relevant Box
POS / WEB	
I have neither executed nor authorized the following transaction(s)	
I have been charged more than once for the following transaction(s) on my card	
I have not received the Goods /Services paid for with my card. I am enclosing a copy of the receipt	
I have cancelled payment on my card but I was still charged. I have attached the document(s)	
ATM	
I did not receive any cash from the ATM for the debit on my card	
I did not receive full amount debited on my card (state amount received from the ATM)	
I have been debited more than once for the same transaction on my card	
I did not participate in the disputed ATM transaction on my card	

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

I confirm that the information above is genuine and can be held responsible for any irregularities in the information provide to the bank.

¹Cardholder's Signature: _____

Date: _____

***Please note that all sections must be completed.**

Official use only:

Card Sighted:

Card Hot listed: hotlist card only if fraud was reported

Officer Name: _____

Signature & Stamp: _____

