CIMB BANK BERHAD
197201001799 (13491-P)

CIMB ISLAMIC BANK BERHAD
200401032872 (671380-H)

CONFIDENTIAL

TRANSACTION DISPUTE FORM

If you require any information to be updated by the Bank, please fill in and submit the Customer Information Update Form.

CARDHOLDER DETAILS

Please (✓) tick where applicable ☐ Debit Card Transaction ☐ Credit Card Transaction

Cardholder Name

New NRIC / Passport no.

Contact no.

Card / Account No.

E-mail Address

DETAILS OF DISPUTED TRANSACTION(S)

No.	Merchant Name	Transaction Date	Amount (RM)	Reference Number (ARN)*
1				
2				
3				
4				

**The Reference Number (ARN) can be found in your itemised statement.*

Please tick (✓) the best description(s) for your disputed transaction(s).

1. I certify that the above charge was neither made nor authorised by me or my ☐ supplementary cardholder ☐ joint account holder
2. ☐ I have been charged for the same transaction more than once.
3. ☐ Incorrect amount/currency charged.
4. ☐ I participated in only ONE transaction at the above merchant location but did not engage nor authorise the above transaction and my card and PIN was in my possession and control at the time of the disputed transaction.
5. ☐ I made a payment/transfer to my CIMB Current/Savings/-i account or CIMB Credit Card but this payment has not been applied.
   Note: Supporting document(s) required: Proof of payment/transfer, e.g. a receipt.
6. ☐ Credit voucher issued by merchant was not posted into my/supplementary cardholder's account.
   Note: Supporting document(s) required: copy of voucher/invoice.
7. ☐ I have paid for this transaction by other means.
   Note: Supporting document(s) required. Proof of payment e.g. a receipt.
8. ☐ My card was lost/stolen during the unauthorised transaction on date and time.
   Note: Supporting document(s) required: Copy of police report of lost/stolen card.
9. ☐ Others, please specify
   Note: Please provide any relevant supporting documents.

SENDING YOUR COMPLETED TRANSACTION DISPUTE FORM

You can send in this completed form and supporting documents through one of these channels:

Mail-In	Email	Branch
CIMB BANK BERHAD / CIMB ISLAMIC BANK BERHAD Customer Resolution Unit (CRU) P.O. Box 10338 Level 2, GPO Kuala Lumpur 50710 Wilayah Persekutuan	contactus@cimb.com	Please refer to our CIMB Bank/ CIMB Islamic Bank website to find the nearest branch.

Important Note:
- *Please complete, sign and return this completed form to the Bank within 14 days from the date of the monthly credit card/account statement.*
- *Please enclose statements and any documents relating to the disputed charge(s). Investigation of disputes can take up to 12 weeks.*
- *If you would like to check on the status of your dispute, please call the number at the back of your card.*

Cardholder Signature

Date D D / M M / Y Y Y Y