## **SAMBA DISPUTE FORM**

| Customer Name  |        |                 |                   |                     |                     | Date |        |
|--|--------|-----------------|-------------------|---------------------|---------------------|------|--------|
| Account Number   |        |                 |                   |                     |                     |      |        |
| Credit Card or<br>ATM Card Number  |        |                 |                   |                     |                     |      |        |
| ATM Cash Deposit  I/We have tried depositing at your Cash Deposit machine and have not received the credit in my above mentioned account.  Kindly arrange to credit the same to my account at the earliest   |        |                 |                   |                     |                     |      |        |
| DETAILS  |        | DENOM           |                   |                     | NATION/NO.          |      | AMOUNT |
| Amount   |        | 1000 x<br>500 x |                   |                     |                     |      |        |
| Date and Time  |        |                 | 200 x             |                     |                     |      |        |
| Location   |        |                 | - 100 x<br>50 x   |                     |                     |      |        |
| Machine ID / ATM ID  |        |                 | 20 x<br>10 x      |                     |                     |      |        |
| Additional Information   |        |                 | Customer Signatur |                     | ıre*                |      |        |
| ATM Withdrawal  I/We tried to withdraw the below mentioned amount from the ATM, but the Full/Partial cash was not dispensed from the machine I/We hereby request you to please investigate and credit the amount back to my/our accounts. Details of transaction are as follows: |        |                 |                   |                     |                     |      |        |
| Amount Requested   |        |                 |                   |                     | Amount Received     |      |        |
| Date   |        |                 |                   |                     | Time                |      |        |
| Withdrawal Bank N  | ame    |                 |                   |                     |                     |      |        |
| Machine / ATM ID  Transaction Refere   | nce No |                 |                   |                     |                     |      |        |
| Additional Information   |        |                 |                   |                     | Customer Signature* |      |        |
| Debit Card purchases (POS/Online)  I/We hereby request you to please investigate and credit the amount back to my/our accounts. Details of transaction are as follows:   |        |                 |                   |                     |                     |      |        |
| I did not authorize or perform the below transaction. My Debit card was lost/stolen/in my possession all the time  |        |                 |                   |                     |                     |      |        |
| I received a refund for below transaction but the refund has not been applied to my Debit Card/Account   |        |                 |                   |                     |                     |      |        |
| I cancelled the transaction but amount has been charged to my Debit Card/Account   |        |                 |                   |                     |                     |      |        |
| Transaction Amoun  | t      |                 |                   | Date of Transaction |                     |      |        |
| Merchant Name  |        |                 |                   |                     |                     |      |        |
| Transaction Reference No.  |        |                 |                   |                     |                     |      |        |
| Additional Information   |        |                 |                   |                     | Customer Signature* |      |        |
| NOTE: Please attach copies of any documents to support your claim. Lack of documentation may delay resolution of your dispute  |        |                 |                   |                     |                     |      |        |
| FOR BANK USE ONLY  |        |                 |                   |                     |                     |      |        |
| Maker Name:  |        |                 |                   |                     | CRM Reference:      |      |        |
| Signature:   |        |                 | Assigned to:      |                     |                     |      |        |

\*Terms and Conditions apply

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