Samba Credit Card Transaction Dispute Form – U.A.E

(An attempt to resolve the dispute with the merchant must be made before you fill in the Transaction Dispute Form. Transactions should be disputed within 30 days of it appearing on your Samba Credit Card statement. Please use a separate Transaction Dispute form for each transaction being disputed. Please fill in this form and submit the same to the Samba branch, Jumeirah Beach Road or mail the form to Samba Financial Group, Customer Services Department, P.O. Box 6038, Dubai, U.A.E. or email to uaeservice@samba.com or call on 800 55000 for further details).

Primary Credit Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Primary Card Member's Name:

If the transaction being disputed is on the Supplementary Card, please provide the following information:

Supplementary Credit Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Supplementary Card Member's Name:

Supplementary Card Member's Signature:

Please provide details of the transactions that you are disputing:

Transaction Date	Merchant Name (as it appears on your Samba Card statement)	Billed Amount (in AED)

Please check the category that best describes your dispute.

☐ My card account has been charged twice for the same transaction.

☐ I used another form of payment (cash, another credit card) for this transaction. (Please attach a copy of proof of alternate payment).

☐ I was billed the wrong amount. (Please attach a copy of your transaction receipt).

☐ I cancelled the above transaction/recurring membership/subscription on _____/_____/_____ but the transaction/recurring membership/subscription has been charged to my card account. (Please attach proof of cancellation).
dd mm yy

☐ I received a refund/credit on the above transaction but the refund/credit has not yet been applied to my card account. (Please attach the copy of the credit slip or credit voucher).

☐ I ordered goods/services relating to the above transaction and I have not received the goods/services. (Please attach receipt of expected arrival date of goods).

☐ I need a copy of the sales draft (transaction receipt). I understand that my Samba Credit Card will be charged AED 50 per sales draft requested.

☐ The above ATM transaction is incorrect. Amount requested AED _____, Amount Received AED _____.

☐ I did not authorize or perform the above transaction and the Card was lost ☐ stolen ☐ in my possession all the time ☐

☐ Other – Please specify details below.

Additional Information: _____

_____

_____

_____

Declaration:
In connection with my above claim, I fully understand that any amount temporarily credited to my Samba Credit Card is provisional pending final outcome of investigations. I understand that the investigation timeframe would be at least 90 days and should any of the transactions prove to be genuine, I understand that the temporary credits will be reversed on my card account and I will be liable to pay back these transactions. I understand that while the dispute is under examination, I will be required to pay my monthly dues as per my statement and failure to do so will result in penalty charges as per the Schedule of fees and charges.

Date : ☐☐/☐☐/☐☐☐☐
dd mm yy

Contact Numbers: Landline: _____, Mobile:_____

Primary Card Member's Signature:

May 2017 (E)