

Customer Dispute Form

Name _____ Primary Supplementary

Requesting a copy of the transaction (subject to BD 5 Fees)

Card No.

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No.	Transaction Date	Merchant Name	Transaction Amount	BD Amount

Fill up the following in case you are disputing the transaction.

I dispute the above transaction(s) for the following reason (Kindly (✓) the relevant box)

Unauthorized Transaction

I did not authorize nor participate in this transaction

Duplicate Charge

I participate in one transaction, however it has been charged more than once (Date and Amount should be same)

Incorrect Amount

The sales receipt amount was increased from _____ To _____ (A Copy of the transaction receipt is required)

Paid by other means

I paid this transaction by other means Cash Cheque Other Card (Proof of Payment is required, i.e. cash receipt, other card Payment slip)

Cancelled Reservation /Subscription / Membership

I notified the _____ on _____ (DD/MM/YY) to cancel my _____ Cancellation # _____ Proof of cancellation is required (Merchant terms and condition will be considered).

Refund not processed

I was issued credit for BD _____ on _____ (DD/MM/YY), however, it has not been posted to my Account. (Copy of credit slip, refund voucher, e-mail conformation, etc. is required)

Service / Goods not received

I have not received the Goods/ Services. Expected delivery date was _____ (DD/MM/YY), I contacted the merchant on _____ (DD/MM/YY) and talked to _____ By _____ (Proof of contact is required)

ATM Withdrawal

- I participated in this ATM transaction but I did not receive cash from the ATM.
 I have received part of the cash. I asked for _____ received _____ I did not participate in the above ATM transaction.
 I did not participate in the above ATM transaction.

Others please explain:

(Please enclose necessary document to support the dispute)

Cardholder Declaration:

I declare that:

- Credimax is authorized to investigate/correct the transaction(s) in dispute.
- Should the dispute be found invalid, I agree that I may be liable for the sales slip retrieval fee and other processing charges (BD5)
- I understand that the investigation may take 30 to 180 days.
- The information stated in this form is true and correct to the best of my knowledge

Signature: _____ Date: _____

Mobile No: _____ CPR: _____ E-mail: _____

Please Send to Fax: 17214193 or Email : Dispute @credimax.com.bh



17 117117
credimax.com.bh

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