

Date : _____ New NRIC / Passport no: _____

Cardholder Name : _____ Contact no: _____

Visa/Mastercard/UnionPay
 Credit Card Number(s) : -XX-XXXX- Email : _____
(please indicate-First 6 digit card number-XX-XXXX- last 4 digit card number ONLY)

I have examined the charges made to my card account and I dispute the following item(s):

Merchant Name	Transaction Date	Transaction Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please tick one category that best describe your reason for disputing the transaction)

1. I did not use this card for the purchase of merchandise, services, cash advance, or any purpose as stated above. I did not authorize anyone else, verbally or in writing, nor have I given consent or do I have any knowledge of implied consent, to use or have possession of my card. I further declare that I did not receive, either directly or indirectly, any benefit from the purchases derived from the said transactions.
2. Only ONE transaction was authorized. The above was a duplicate billing charged to my account on the statement dated _____.
3. The amount charged differs from the amount billed. Enclosed is my copy of the transaction receipt.
4. I participated in only ONE transaction at the above merchant location, but did not engage nor authorize the above transaction and my card was in my possession and control at the time of the transaction.
5. I cancelled my hotel reservation on _____ (dd/mm/yy) at _____ am/pm. The cancellation number given was _____.
6. I was not given a cancellation number or advised of a **NO SHOW** charge for not checking-in.
7. The charge was paid by cheque/cash/same credit card/other credit card. I enclosed a photocopy of the cheque/cash receipt/credit card statement/sales draft for your action.
8. My card was LOST/STOLEN at the time of the transaction/s.
9. Others _____

I hereby affirm that the information furnished above is true and accurate to the best of my knowledge. I shall be liable for all transactions incurred from the above unauthorized usage of the card in addition to the retrieval fee of RM20 per copy, in the event verifications made by the Bank revealed that the above disputed transaction(s) was (were) genuine and properly authorized by me.

Yours sincerely,

 Cardholder's Signature / digital signature
please fax to:- 03-2171 3171 or
email to :-customercare@ambankgroup.com

Note:-
 AmBank reserves the right to take action, including, making a police report against any customer for any attempt to make false claims on the disputed transactions.