

Pocketmate VISA / China Union Pay Debit Card Claim Form

Dispute Resolution Unit

Faysal Bank Limited
9th Floor, Card Operation, Faysal House,
ST-02, Shahrah-e-Faisal, Karachi, Pakistan
Fax : 021-32800041



I used my VISA / Union Pay Debit card for Cash withdrawal/Purchase of Goods/Services from my Account, but due to reasons not known to me or below-mentioned anticipated reasons, the withdrawal/purchase was not successful at ATM / POS. I, therefore, request you to kindly check your record and arrange to credit my account for the under mentioned amount of claim against the entry relating to this ATM/POS transaction. The required details for the same are hereunder:

Transaction Date	Merchant Name / ATM Bank Name	Amount (Rs.)	Voucher / Reference No.

- Transaction was not made successfully on POS terminal (No Sale Slip was produced; and same merchant has certified)*
- Unauthorized / Fraudulent Transaction
- Returned the Goods (Pls provide returned Goods receipt)*
- Refund / Credit not received / Cancelled Membership / Subscription (Please provide supporting documentation)*
- Paid by other means (Supporting documentation is required)*
- Cash not dispensed from ATM
- Duplicate Billing
- Others (Please Specify) _____

*Documentation required

In this connection, I hereby undertake that if, as a result of this complaint, my account is credited for the amount of claim and it is subsequently proven that for any reason whatsoever, the amount thus refunded/credited to my account, is incorrect, the Bank within its exclusive rights to debit my account for such amount. The decision of the Bank in the matter shall be final and binding to me. In such an event, I further undertake that the amount involved will be immediately repaid by me on demand from the Bank.

(In case of missing of required supporting documentation, VISA/ Union Pay claim processing charges from \$2 to \$6 per transaction deducted from customer account (if applicable). Additionally, The Bank shall not be responsible, if claim decline by acquirer)

Debit Card No. _____ Name _____ Signature _____

Bank Account No. _____ Name _____ Signature _____

Signature Verified by Authorize Officer _____ Signature & Stamp _____

Information required to be filled in blanks below should be up-to-date and are mandatory requirements:

Phone (Off.) _____ Phone (Res.) _____ Mobile _____ Date _____

If the disputed transaction(s) is/are proven valid; a transaction retrieval fee would be levied into your card account in accordance with the updated SOC .

If you need any help or information, please contact our 24 Hour Call Centre at: 111 06 06 06