

Date : \_\_\_\_\_  
Cardholder Name : \_\_\_\_\_ Contact no: \_\_\_\_\_  
\_\_\_\_\_  
Visa/Mastercard/UnionPay  
Credit Card/Debit Card/-i 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 (details per statement)	ARN Number (For Bank Use Only)	Transaction Date	Transaction Amount (MYR)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total</b>			_____

(Please tick the 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 \_\_\_\_\_ (dd-mm-yyyy).
- 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-yyyy) at \_\_\_\_\_ (hh:mm 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. Attached is a copy of police report.
- 9 Merchandise/Services not received by the expected receipt date of \_\_\_\_\_ (dd-mm-yyyy) and I have attempted to resolve the dispute with the merchant. Describe what was purchased and explanation of the dispute:  
\_\_\_\_\_
- 10 Goods or services were not as described or is defective / Merchant didn't honour the terms and conditions of the contract. Describe what are the goods / services expected and what was received : \_\_\_\_\_  
(Please enclose evidence of documentation to support description of the goods / services purchased and evidence of attempt to resolve with the merchant)
- 11 Remarks \_\_\_\_\_

Yours sincerely,

\_\_\_\_\_  
Cardholder's Signature / Digital Signature  
please email to : [customercare@ambankgroup.com](mailto:customercare@ambankgroup.com)

**Note:-**  
AmBank / AmBank Islamic 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. The dispute resolution is within 180 days of receiving the complete form and documents (if any).