

CARDMEMBER DISPUTE FORM



Card Number:	3	7			X	X	X	X	X	X				
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A) DISPUTED CHARGE DETAILS: As shown on statement dated

Sale Date	Merchant Name	Amount	Remarks

B) REASON FOR REVIEW

a. I need more information regarding the above transactions (Standard Enquiry)

- ☐ I remember similar transaction(s) but could not remember transacting with the above Merchant.
- ☐ I agree with the transaction. I need copies for my personal records but fully aware that the merchant may not provide document.

b. I'm not aware of the transaction and I did not transact with the Merchant\Outlet (Suspected Fraud)

- ☐ I certify that the charge(s) listed above have NOT been incurred by me nor have I received any goods or services
- ☐ I certify that I did not try to withdraw money in an ATM machine.
- ☐ I certify that the Card is in my possession and never lost or stolen
- ☐ I certify that the Card was never received and/or activated
- ☐ I certify that the Card was lost or stolen and reported to American Express® on (date and time)

NOTE: As we investigate this case, we may temporarily block your Card and issue a Replacement Card. We may contact you and request more information if needed. You may be required to fill out, sign and return an official Fraud Declaration Form.

c. I do not agree with the transaction (Processing Error - *Required Documents #1 & 2)

- ☐ The amount charged is incorrect. I was charged for (amount) _____ but I should have been charged for (amount) _____
- ☐ I have been billed more than once for the charge (duplicate charge). I have authorized only (number) _____ for (amount) _____
- ☐ I have not incurred the above charge(s) but I only engaged in a transaction for (amount) _____ on (date) _____
- ☐ I have settled the charge directly with the Merchant through Cash / Cheque / Other _____ (Circle One & Specify)
- ☐ I tried to withdraw cash from ATM, but no cash was dispensed.

d. I do not agree with the transaction (Cardmember Disagreement - *Required Documents #1, 2, 3 & 4)

- ☐ The Merchant did not process Credit/Refund as agreed.
- ☐ The received goods/services are not as agreed with the Merchant.
- ☐ I expected to receive goods/services on (date) _____ from the Merchant but the goods/services have never been received.
- ☐ I returned the receive goods/services on (date) _____ but the Merchant refused to accept it and/or no refund was given.
- ☐ I cancelled the subscription/membership/reservation against the above charge(s) on (date) _____
- ☐ I disagree with the additional charges from above Merchant.

Others (Please Specify) _____

*REQUIRED DOCUMENTS (Please provide as much as possible)

1. Copy of disputed contract/reservation/receipt/invoice given by Merchant including return/cancellation policies.
2. Copy of "proof of payment" like signed slip (American Express or other Cards), cash receipt, cheque or others.
3. Attach brief description of the problem and details of Merchant (contact person, position, Telephone #, date of contact, etc.)
4. Copy of communication between you and Merchant requesting for refund/credit to resolve the disagreement.

DECLARATION

I hereby affirm that the information provided above is true to the best of my knowledge. I am also mindful that the merchant may not allow me to transact with them in the future as a consequence of raising this dispute with American Express.

Cardmember Name

Cardmember Signature

E Email address:

Contact Number:

You can submit your signed form along with the supporting documents to us through any of the following options:

- Dropping off your form and the documents to your nearest AMEX (Middle East) B.S.C. (c) local office
- Emailing scanned copies of your form and documents to us by email or sending us fax at:

Centurion Services: Please contact your Relationship Manager or number on the back of your Card.

