

Guaranty Trust Bank (Rwanda) plc

ΔΤΜ	CARD	DISPUTE	FORM
	CAND		

CARD NUMBER				Х	Х	Х	Х	Х	Х		
ACCOUNT NUMBER											
CARDHOLDER'S NAME											
PHONE NUMBER											

Please Complete the section below by putting "X" in the relevant boxes	
Select the box that best explains your dispute	
POS/INTERNET	
I have neither executed nor authorized the following transaction(s)	
I have been charged more than once for the following transaction(s)	
I have not received the Goods/Services paid for with my card. I am enclosing a copy of the receipt	
I have cancelled payment on my card but I was s charged. I have attached the document(s)	
I have completed the ATM cash withdrawal instructions but the amount was not dispensed/given	
I received less amount than that which I requested for	
The ATM cash was processed more than once	
I have not been credited with the value of the credit voucher issued to me	
The currency appearing on my statement is different than the currency on the transaction receipt that I	
have signed.	

For more transaction information please write in the space below:

Below are relevant details

Transaction	Transaction	Transaction	Billed	Statement	Merchant
Date	Amount	Currency	Amount	Date (dd/mm/yyyy)	Name/Location
(dd/mm/yyyy)					

I confirm that the information above is genuine and reliable

Cardholder's Signature:

Date:

\*Please note that all sections must be completed.

We acknowledge receipt of your complaint dated. In line with our process of treating disputed transactions, we shall request for documentation of the disputed transaction(s) from the merchant(s) involved. Our investigation may take up to 45 days to conclude. We thank you for banking with GTBank while we assure you of our efficient services always.

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FOR OFFICIAL USE ONLY:

Received By:	Signature:	Date:	
Branch Manager	Signature & Stamp	Branch:	
<u> </u>			
	Circulation	Deter	
E-Business:	Signature:	Date:	