

### Dispute Claim Form

Complain Date: ..... / ..... / .....

Customer ID: .....

Account No: .....

Card ID: .....

Customer Contact Number: .....

 Card Type:  Debit     Credit     Prepaid     Other: .....

 Card Brand:  VISA     MasterCard     TakaPay     Other: .....

**Claim For:**

- Cash Withdrawal                       Cash Deposit                       POS Purchase  
 POS Cash Advance                       E-commerce                       Other: .....

Transaction Date & Time	Transaction Amount	Dispute Amount	Transaction ID	Acquirer Bank/ Merchant Name

**Claim For:**

- NPSB IBFT     ATM Fund Transfer     QR Transaction

Transaction Date & Time	Dispute Amount	Sender Account No.	Beneficiary Account No.	Transaction ID	Beneficiary Bank Name

 Claim For Fund Transfer To Wrong Beneficiary Account:  IBFT                       ATM Fund Transfer

Transaction Date & Time	Transaction Amount	Sender Account No.	Wrong Beneficiary Account No.	Correct Beneficiary Account	Transaction ID	Beneficiary Bank Name

Remarks	
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 \_\_\_\_\_  
 Customer signature

 \_\_\_\_\_  
 Branch Name

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 Branch Authorized Seal & Signature