Bank of Saint Lucia

ALL THE BANK YOU NEED

CARDHOLDER DISPUTE FORM
FRAUDULENT TRANSACTIONS

NAME: _____

CARD NUMBER: _____

ACCOUNT NUMBER:_____

I am disputing the following transaction(s) for the reason indicated:

( ) I acknowledge participation in at least one transaction at the below mentioned merchant location. However, I neither engaged in nor authorized the transaction in question. I therefore certify that the signature appearing on the disputed sales draft is not mine.

( ) I certify that the below mentioned charge(s) was not made nor authorized by me or by any person authorized by me to use my card.

( ) I certify that the signature on the sales slip is not mine and I neither made nor authorized this transaction. My card was in my possession and control at the time the transaction was made.

DETAILS OF DISPUTED ITEM(S):

TRANSACTION DATE	MERCHANT NAME	TRANSACTION AMOUNTS

Bank of Saint Lucia

ALL THE BANK YOU NEED

	Total $ of Unauthorized Transaction	**$_____**

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

I understand that the timeframe to resolve my dispute is approximately seventy (70) days and I will be provided with feedback when the information becomes available. Should the transaction prove to be genuine, I authorize that my account can be debited with an ECD $27.00 (relevant to account currency) administration charge.

_____

(Cardholder Name)

_____

(Cardholder Signature as it appears on card)

Bank of Saint Lucia

ALL THE BANK YOU NEED

FOR CARD SERVICES USE ONLY

CARDHOLDER DETAILS

CONTACT NUMBER(S): _____

EMAIL ADDRESS: _____

STAFF DETAILS

Prepared by: _____
(Name of staff)

_____
(Signature of Staff)

Date Received: _____