

## AMML MICROFINANCE BANK E-CHANNEL DISPUTE FORM

### CUSTOMER INFORMATION

NAME  ACCOUNT NUMBER

BENEFICIARY ACCT NAME  ACCOUNT NO  BANK

CARD TYPE    VERVE     MASTER CARD     VISA     OTHER

CARD NUMBER     LAST FOUR

CHANNEL USER ID

PHONE NUMBER  MOBILE

EMAIL

### TRANSACTION DETAILS

**CHANNEL:**    ATM/POS     MOBILE APP     OTHER

**TYPE:**    CASH WITHDRAWAL     CASH DEPOSIT     E-CHARGE/TOPUP     TRANSFER

              CARD WITHHELD     LOST OF CARD     BILL PAYMENT     PIN RESET     OTHER

Transaction Date	Transaction Amount	Merchant Name/Location	***Bank Document Number (STAN)

- ❖ I / WE CONFIRM THAT THE INFORMATION PROVIDED BY ME/ US IS TRUE, CORRECT AND COMPLETE
- ❖ I / WE AGREE TO INFORM THE BANK FROM TIME TO TIME, IF THE INFORMATION PROVIDED ABOVE CHANGES

**CUSTOMER'S SIGNATURE/DATE**

### FOR BANK USE ONL

#### REVERSAL ENTRIES DETAILS

A/C DEBIT                       A/C CREDITED

AMOUNT     In figure     In Words

NARRATION

INITIATOR                      

APPROVAL