



Bank of Saint Lucia

ALL THE BANK YOU NEED

CARDHOLDER DISPUTE FORM

NAME: _____

CARD NUMBER: _____

ACCOUNT NUMBER: _____

TRANSACTION AMOUNT: _____

TRANSACTION DATE: _____

MERCHANT: _____

I have examined the charge(s) made to my account and dispute the above item(s) for the following reason (please check only one). I am enclosing copies of all pertinent documents, including the sales slip(s) received from the merchant.

I attempted to retrieve funds from _____ ATM and was unsuccessful because the ATM did not dispense cash or retracted the funds.

I received a partial amount of US\$_____ when I requested US\$_____ my account was charged the full amount. I am disputing the amount of US\$_____ that I did not receive.

The above mentioned transaction appears more than once on my billing statement. I certify that only one transaction was made by me.

I have been incorrectly billed by the identified merchant reflected on my statement dated _____. (Attached is my copy of the receipt showing correct amount.)

The amount(s) on the sales slip was altered from \$_____ to \$_____.

A copy of the unaltered slip or hotel itemized bill (folio) is enclosed.



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- () The charge was paid for by cash or cheque. (A copy of the front and back of cancelled cheque or a cash receipt must be provided.)
- () I ordered and received goods which are faulty/defective and I returned the item(s) to the supplier. (Attached is a copy of documentation to prove merchandise was indeed returned to merchant.)
- () I ordered and received goods which were not as described by the merchant.
- () I certify that the merchandise/service was ordered by me, to be sent to address _____ but I never received merchandise/service.

Description of Merchandise/Service _____

Date Merchandise/Service was to be provided/received _____.

Date the cardholder last contacted merchant _____

Merchant's response _____

Did the merchant promise a refund? _____

Did the cardholder cancel the transaction? _____

Date of cancellation _____.

Reason for cancellation _____.

Cancellation code provided _____.

It is a network requirement that the cardholder contacts the merchant and informs the merchant that merchandise/service was not received or provided.

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



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Additional Information

Use this section to provide any other details (**written in block letters**) which may assist in the resolution of this dispute.

I understand that the timeframe to resolve my dispute is approximately ninety (90) 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)



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FOR CARD SERVICES USE ONLY

CARDHOLDER DETAILS

CONTACT NUMBER(S): _____

EMAIL ADDRESS: _____

STAFF DETAILS

Prepared by: _____
(Name of staff)

(Signature of Staff)

Date Received: _____

A subsidiary of



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