UOB

ATM Debit Card Transaction Dispute Form

Customer Details

Name	
Card Issuing Bank	
Card Number	

Disputed Transaction Details

Please tick (√) to select ONE of the following

Service Type	☐ Cirrus/VISA Plus	☐ Regional Card	☐ PayNet Shared ATM Network(MEPS)

Transaction Type	☐ Withdrawal	☐ Fund Transfer	☐ MOTO
	☐ Ecommerce	☐ Prepaid Reload	☐ POS

ATM Transaction done at _____ (Bank) _____ (Branch)

Other, *please specify* _____

Response Code/Merchant Name *(refer to ATM receipt)*		ATM ID /Merchant ID *(refer to ATM receipt)*	
Transaction Date (DD/MM/YY)	/ /	Transaction Time (HH:MM)	
Transaction Amount		Amount Dispenses(RM)	
Disputed Amount (RM)			

Dispute Reason(please enclose copy of ATM slip for * item)

☐ *Non-receipt of cash from ATM / RCDM   ☐ *Non-receipt of Prepaid Reload

☐ *Non-receipt of fund transferred   ☐ Duplicate Billing

☐ *Other *(please specify)*: _____

Declaration

By signing below

I/We confirm that the above information provided is accurate, complete and is a genuine claim. United Overseas Bank (Malaysia) Bhd reserves the right to reject or take further action if the Bank discovers that this claim is inaccurate or false.

_____
Signature of Customer

Date: ☐☐ - ☐☐ - ☐☐☐☐
       D D   M M   Y Y Y Y

For Bank Use Only

Refund customer account and debit the amount from GL #: 1087100031 - SUSP LIAB - CASH OVER

Transactions Ref. No. : _____   Cost Center : _____

Amount (RM)   : _____

Receipt Mode   : OTC

Attended By	Approved By	ATM D.CARD DISPUTE – CIRRUS/VISAPLUS(SNV);SLA = T,latest T+1 Day ATM D.CARD REFUND – CIRRUS/VISAPLUS(SNV);SLA = T,latest T+1 Day ATM D.CARD DISPUTE – MEPS(SNV);SLA = T,latest T+1 Day ATM D.CARD REFUND – MEPS(SNV);SLA = T,latest T+1 Day	
Name	Name	EWF Maker	EWF Checker
Rec Date & Time			
☐ Customer Signature Verified ☐ MyKad biometric verified ☐ Supporting Document, if any		Name	Name
		Scan Date & Time	QR Date & Time
		Job Batch ID No.	No. of Pages

Right By You