

FINEXUS Cards Dispute Form To FINEXUS Cards Dispute Section (Fax No : 03-4051 9901)

I am disputing the following transaction(s) debited to my account (see below) :

Transaction Date :	Merchant Name (as it appears in the statement) :	Transaction Amount :
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dispute Reason(s)

Please Tick (√) where appropriate.

- I require a copy of the sale draft / transaction receipt for my record*.
- I confirm that this transaction charged was not authorized by me. The card was in my possession at the time of the transaction.
- I did incur RM _____ on _____ (date) BUT not for the above amount - enclosed a copy of my original sales draft.
- I was charged _____ times for the same transaction.
- I have cancelled my hotel reservation - enclosed is a copy of my hotel cancellation letter stating the cancellation code/details for your reference.
- I have paid in full by other modes of payment - enclose is a copy of the receipt as proof.
- I was billed with an incorrect original transaction currency. It should be _____ and not _____.
- I have yet to receive the refund for the above amount - enclosed is the credit slip provided by the said merchant.
- I have yet to receive the goods /services ordered from this merchant to-date - enclose is a copy of the order form with the agreed delivery date for the goods/services for your reference.
- The goods / services ordered differs from what is specified in the order form - enclose a copy of the invoice/receipt with its description for your reference.
- The goods / services ordered and delivered are defective/unsuitable** for the purpose sold - enclosed is a copy of my letter that is self-explanatory on this matter for your reference.
- I have duly notified the above merchant to cancel my monthly/quarterly/yearly/recurring** deduction by letter/facsimile/e-mail** on _____ (date) and yet I am still billed for this transaction - enclosed is a copy of my cancellation notification and acknowledgement by the above merchant for your reference.
- Cash not dispensed – non-receipt of cash from ATM (ATM slip copy enclosed)
- Other Dispute – Please specify : _____

* fees/charges applicable

** delete where applicable

My Contact Telephone Number : _____
 Cardholder / Customer Name : _____
 Card Number : _____

Signature : _____
 Date : _____