



TRANSACTION DISPUTE REPORT

Form TDR06-2020

Name:			
Card Number (where applicable):			
Account Number:		UCIN (internal Use only):	
Transaction Date (mm/dd/yyyy)	LOCATION (Where applicable)	Channel	Transaction Amount
		<input type="checkbox"/> POS <input type="checkbox"/> ABM <input type="checkbox"/> BRANCH <input type="checkbox"/> INTERNET BANKING	
		<input type="checkbox"/> POS <input type="checkbox"/> ABM <input type="checkbox"/> BRANCH <input type="checkbox"/> INTERNET BANKING	
		<input type="checkbox"/> POS <input type="checkbox"/> ABM <input type="checkbox"/> BRANCH <input type="checkbox"/> INTERNET BANKING	
		<input type="checkbox"/> POS <input type="checkbox"/> ABM <input type="checkbox"/> BRANCH <input type="checkbox"/> INTERNET BANKING	
Reason for Dispute			
(Kindly provide statement and any supporting documents)			
Please check the reason that best describes the reason for dispute:			
<input type="checkbox"/> The transaction amount(s) noted on my statement differs from the actual transaction amount.			
<input type="checkbox"/> The transaction was processed a number of times as stated above.			
<input type="checkbox"/> I did not receive the funds requested from the ABM.			
<input type="checkbox"/> I received a different amount from what was requested at the ABM.			
<input type="checkbox"/> The transaction amount(s) noted on my statement were not initiated/authorized by me or anyone authorized by me.			
<input type="checkbox"/> Other reason(s). Kindly specify.			
With respect to the transaction(s) being disputed my card was:			
<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> In my possession at all times including on the dates of the transactions <input type="checkbox"/> Never Received <input type="checkbox"/> N/A			
Date card initially reported missing (If applicable) to Client Care/Branch/Account Officer/Other:		Date unauthorised activity was detected	
Was the police notified? Yes <input type="checkbox"/> No <input type="checkbox"/>		Police station	
Date of police report			
Was your PIN written anywhere? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		If yes where	
Have you ever shared your PIN and/or card with anyone? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			

I certify that (please select the ones that are applicable):

- I did not benefit from the transactions listed above

- I did not use my Card/account nor authorize its use by anyone else after I discovered the unauthorized use of my Card/account

- I have made available to JMMB Group all knowledge, ideas or suspicions, regarding this claim and the possible identity of the person who wrongfully accessed my funds and should any other information concerning this matter come to my attention, I will immediately report the same in writing to JMMB Bank

- I agree to assist and cooperate fully, without limitation, with any investigation pertaining to this matter whether it is with the Bank Investigators or Police; including testifying as a witness in any hearing proceeding or action brought against the person(s) responsible for the transaction(s).

I give my consent to JMMB Group to release any information regarding this claim to the Police, so that the information can, if necessary be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my Card and/or account.

I confirm that the foregoing and all other statements made by me in connection with this claim are true and correct and understand that making a false statement is a violation of our laws.

Client Signature: _____ Date: _____

FOR INTERNAL USE ONLY

Report Received by:

Signature:

Date (mm/dd/yy):

Time:

For Use by Centralized Processing Unit

Outcome of Investigation.

- The Client was reimbursed. Account Credited _____
Amount _____
- The issue was determined to be fraudulent (Further investigation required by Internal Audit)
- A systems issue
- An error in transaction
- Merchant to reimburse client

Additional details if required:

Investigating Officer:	Signature:	Date (mm/dd/yy):
Approved by:	Signature:	Date (mm/dd/yy):

FOR USE BY INTERNAL AUDIT

Summary of Outcome of investigation if deemed fraudulent (attach relevant report)

Internal Auditor/Investigator:	Signature:	Date (mm/dd/yy):
Chief Internal Auditor (Bank or Group):	Signature:	Date (mm/dd/yy):

For Use by Centralized Processing Unit

Client reimbursed Yes No
 If Yes, account credited _____ Amount _____

Input by:	Signature:	Date:
Approved by:	Signature:	Date: