



## DISPUTE/CHARGEBACK REQUEST FORM

PLEASE PROVIDE THE FOLLOWING INFORMATION

Card Holders Name: \_\_\_\_\_

Wallet ID: \_\_\_\_\_

Card Number: \_\_\_\_\_

### KINDLY BE INFORMED THAT

I have neither executed nor authorized the following transaction	
The amount on the transaction receipt has been altered by the merchant processing it	
I have been charged twice for the following transactions	
I have not been credited with the value of the credit voucher issued to me. I am enclosing a copy of the voucher.	
I have not received the (Goods/Merchandise/Services) that I have ordered with my card. I am enclosing a copy of the voucher/copy of the ticket representing the services	
The transaction has been reversed, but the money has not been credited to my card	
I have not received the service/product, and the merchant also says they have not received the money from this transaction, but the money was deducted from my card.	
Release of block funds	
I did not participate/authorize the disputed ATM/POS/WEB transaction	
I did not receive the requested ATM cash amount	
I received a portion of the requested ATM cash amount	
The ATM cash was processed more than once	
Others (specify):	
The transaction has been declined, but the money was debited from my card	

### HERE BELOW ARE SOME DETAILS PERTAINING TO THIS MATTER

Transaction Date (mm/dd/yy)	Transaction Amount	Transaction Currency	Statement Date (mm/dd/yy)	Merchant Name

I hereby agree to indemnify you and keep you indemnified from and against all losses, costs, charges, expenses, actions, proceeding claims and demands whatsoever which may arise by reason of your having released the block on my account. Should the merchant/bank avail sufficient proof of the contrary, the bank reserves the right to reverse any temporary credit given in this regard and charge necessary finance charges applicable on the transaction with retrospective effect.

Signature & Date: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Autorised Signatory: _____	Autorised Signatory: _____
Name/Class Number: _____	Name/Class Number: _____

Curacao: Jan Noorduyn Weg 50 | +5999 6701717

[customer\\_support@melkarprepaid.com](mailto:customer_support@melkarprepaid.com)

[www.melkarprepaidcard.com](http://www.melkarprepaidcard.com)