

HSBC CREDIT CARDHOLDER DISPUTE FORM

To HSBC Chargeback Section (Fax No:- 03-21796566)

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

<u>Transaction Date</u>	<u>Merchant Name</u>	<u>Transaction Amount</u>
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Dispute Reason (s) :-

Please Tick as appropriate

✓

I require a copy of the sales draft/transaction receipt for my record.	
I confirm the transaction charged was not authorized by me. The credit card was in my possession at the time of the transaction.	
I have incurred RM _____ on _____ BUT not the above amount. I enclose copy of my duly signed original sales draft.	
I have been charged _____ times for the same transaction.	
I made the hotel reservation BUT have since cancelled it. I enclose a copy of my hotel cancellation letter and the cancellation code given by the hotel.	
I have paid in full by cash/cheque/other credit card. I enclose the cash receipt, cheque number or other credit card account statement as evidence of the payment being made by on alternate means.	
I was billed with an incorrect original transaction currency. It should be _____ and not _____.	
I have not received the refund for the enclosed credit slip provided by the merchant.	
I placed the order BUT no goods/services have been received from the merchant to-date. I enclose the order form with the agreed delivery date for the goods/services.	
I received the goods/services BUT they are different from what is specified in the order form. I enclose a copy of the invoice/receipt which showed the exact description of the goods/services that I have ordered.	
I have received the goods/services BUT the goods/services delivered are defective OR unsuitable for the purpose sold. I enclose a copy of my letter that is self-explanatory of this matter.	
I have duly notified the above merchant to cancel my monthly/ quarterly/ yearly membership subscription OR my insurance premium by () letter or () facsimile or () e-mail and yet I was billed. I enclosed is a copy of my cancellation notification to the above merchant.	
Other Dispute – Please specify:	

My Contact Telephone Number

Cardholder's Name

Credit Card No

Cardholder's Signature

Date

NB: Kindly complete and return the form via our facsimile number:- 03-21796566 within 3 business days upon receipt from our Call Centre to enable our bank to proceed with dispute resolution failing which may delay and/or deprive the right to recovery of the above disputed transaction(s) amount(s).