



CARD TRANSACTIONS DISPUTE PROCESSING FORM

(Form should be filled in CAPS)

Date

Please complete this form, print and drop at your nearest I&M Bank branch

THE BRANCH MANAGER,	
I&M BANK LIMITED,	
BRANCH	<input type="text"/>

Cardholder's Information			
Mr/Mrs/Ms/Minor	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Card Number	<input type="text"/>		
Account Number	<input type="text"/>		

Details of Disputed Transaction(s)			
Transaction Date	ATM or Merchant Name	Transaction Amount (KES)	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

REASON(S) FOR TRANSACTION(S) DISPUTE: (Tick as Applicable ✓)	
<input type="checkbox"/>	1.0 I did Not Participate or Authorize the transaction and the Card was in My Possession at the time of transaction
<input type="checkbox"/>	2.0 I did Not Participate or Authorize the transaction and the Card had been Reported Lost/Stolen to the Bank
<input type="checkbox"/>	3.0 I only did One Transaction but my Account has been charged more than once – Card was in my possession and had not been reported Lost or Stolen to the Bank (Enclose the Transaction Receipt)
<input type="checkbox"/>	4.0 The Transaction Amount on my receipt differs from the amount charged in my Account Statement - Enclose Copy of Transaction Receipt
<input type="checkbox"/>	5.0 I did not receive the requested Cash Amount from the ATM – Amount Requested
<input type="checkbox"/>	6.0 I have cancelled the goods/services but my Card Account has been Debited – Attach Copy of Cancellation Receipt
<input type="checkbox"/>	7.0 The Merchant issued a Refund but it has not been credited to my Card Account – Attach Copy of Refund Receipt
<input type="checkbox"/>	8.0 I paid by Other Means i.e. cash /another card – Attach Copy Receipt of Payment by other means
<input type="checkbox"/>	9.0 I have not received the ordered goods/services within the delivery date – Attach copy of the Order Confirmation and specify the agreed date of delivery
<input type="checkbox"/>	10.0 Others (Please Specify)
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>



CARDHOLDER INDEMNITY

I confirm that the information given above and all enclosures herein is correct and I indemnify the bank against any charges or costs that may arise out of its action in reliance of the said information. In consideration I&M Bank crediting my card account number with the disputed card transaction(s) amounts and charges as detailed above, I undertake to fully indemnify I&M Bank against all scheme and bank claims, demands, losses, costs, damages, liabilities or expenses whatsoever which I&M Bank may at any time incur, sustain or suffer as a result of crediting my card account with the disputed card transaction(s) amounts. I&M Bank reserves the right to recover the full amount credited and I hereby authorize I&M Bank to recover the said amounts and any charges thereof and I agree to reimburse the Bank in full, upon demand, for all payments, losses, costs, damages, liabilities and expenses made, suffered or incurred by I&M Bank as a consequence thereof or arising therefrom. I acknowledge that the provisions herein are in addition to and are not exclusive of any other terms and conditions set out in any agreement or document entered into or exchanged with I&M Bank which may apply in respect of the matters in respect of the card transactions.

Signature	<input type="text"/>
Date	<input type="text"/>

BRANCH VERIFICATIONS:

Cardholder No.	<input type="text"/>
Bank Account No.	<input type="text"/>
Account Balance as at date (Kshs)	<input type="text"/>
Account Type (Premium/Standard)	<input type="text"/>
Years Account in Existence	<input type="text"/>

VERIFICATION BY:

Name	<input type="text"/>
Date	<input type="text"/>
Signature	<input type="text"/>

Where this form has been emailed to you for completion, please complete appropriately, sign and email back to customer@imbank.co.ke. For any assistance, please call us on 0719 088 000 or 0732 100 000