



Bank of Saint Lucia

ALL THE BANK YOU NEED

CARDHOLDER DISPUTE – NON-FRAUD

CARDHOLDER NAME: _____

CARD NUMBER: _____

MERCHANT NAME: _____

TRANSACTION DATE: _____

TRANSACTION AMOUNT: _____

ACCOUNT NUMBER: _____

Duplicate Processing

I have examined the charge(s) made to my account and dispute the above item(s) for the following reason. I am enclosing copies of all pertinent documents, including the sales slip(s) received from the merchant.

* - Required field

- () The above mentioned transaction appears more than once on my billing statement.
I certify that only one transaction was made by me.
- () I have been incorrectly billed by the identified merchant reflected on my statement dated _____ . (Attached is my copy of the receipt showing correct amount.)

Please complete the following:

*Are both transactions on the same card number?

[] Yes

[] No



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If yes:

Merchant	Amount	Acquirer Reference Number

If no:

*Is the other transaction on a different Visa card owned by the same issuer/cardholder?

Yes

No

If yes:

Card number: _____

Merchant	Amount	Acquirer Reference Number

*Proof of payment by other means:

ARN of other transaction

Cheque (copy of front and back)

Evidence of cash payment

Other: _____

*Did the cardholder attempt to resolve the dispute with the merchant?

Yes

No



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Merchandise/Service Not Received/Provided

I have examined the charge(s) made to my account and dispute the above item(s) for the following reason. I am enclosing copies of all pertinent documents, including the sales slip(s) received from the merchant.

It is a network requirement that the cardholder contacts the merchant and informs the merchant that merchandise/service was not received or provided.

I certify that the merchandise/service was ordered by me, but I never received merchandise/service.

Please complete the following:

*What was not received?

Merchandise

Service

*Does this dispute relate to quality?

Yes

No

*Provide a **detailed** description of what was purchased and an explanation of the dispute:

*What was the expected receipt date and time?

Date: _____

Time: _____

*Did the cardholder cancel prior to the expected date?

Yes

No



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*Cancellation Date: _____

*Cancellation reason:

*Cancellation contact: _____

*Date of most recent contact with the merchant: _____

*Contact name: _____

*Contact method: _____

*Merchant response:

*Was the merchandise delivered late or to the wrong address?

Yes

No

If yes:

*Provide late delivery and/or wrong location information:

*Did the cardholder return the merchandise?

Yes

No



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If yes:

*Date merchant received returned merchandise: _____

*Date of return or attempted return: _____

*Return method:

Face-to-face

FedEx

DHL

UPS

Postal Service

Other: _____

*Did the merchant provide merchandise return instructions?

Yes

No

If yes:

*What were the instructions?

- () I attempted to retrieve funds from _____ ATM and was unsuccessful because the ATM did not dispense cash or retracted the funds.
- () I received a partial amount of US\$_____ when I requested US\$_____ my account was charged the full amount. I am disputing the amount of US\$_____ that I did not receive.



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Merchandise/Service Not As Described

I have examined the charge(s) made to my account and dispute the above item(s) for the following reason (please check only one). I am enclosing copies of all pertinent documents, including the sales slip(s) received from the merchant.

It is a network requirement that the cardholder contacts the merchant and informs the merchant that merchandise/service was not received or provided.

- () I ordered and received goods which are faulty/defective and I returned the item(s) to the supplier. (Attached is a copy of documentation to prove merchandise was indeed returned to merchant.)
- () I ordered and received goods which were not as described by the merchant.

Please complete the following:

*What was not as described?

Merchandise

Service

*Date merchandise/service was received: _____

*Provide a **detailed** description of what was purchased and an explanation of the dispute:

*Did the cardholder attempt to resolve the dispute with the merchant?

Yes

No

*Did the merchandise/service differ from what was described on the receipt? (Please explain and/or attach supporting documents)



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*Date of most recent contact with the merchant: _____

*Contact name: _____

*Contact method: _____

*Did the cardholder return the merchandise?

Yes No

If yes:

*Date merchant received returned merchandise: _____

*Date of return or attempted return: _____

*Return method:

Face-to-face

FedEx

DHL

UPS

Postal Service

Other: _____

*Did the merchant provide merchandise return instructions?

Yes No

If yes:

*What were the instructions?



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*Provide certification of one of the following:

- Merchant refused to provide return authorization
- Merchant refused to accept return merchandise
- Merchant informed cardholder not to return merchandise

- () I certify that the merchandise/service was ordered by me, but I never received merchandise/service.

Merchandise/Service Cancelled

1. What was purchased?

- Merchandise Service

2. Describe what was purchased:

3. Date the cardholder received or expected to receive the merchandise:

4. Did the cardholder attempt to resolve the dispute with the merchant?

- Yes No



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5. Did the cardholder return the merchandise?

Yes

No

6. If 'Yes' for #5:

i. Date cardholder returned the merchandise:

ii. Return Method:

Face to face

FedEx

DHL

UPS

Postal Service

Other: _____

7. Cancellation Date:

8. Cancellation Reason:

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.



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Use this section to provide any other details (**written in block letters**) which may assist in the resolution of this dispute.

I understand that the timeframe to resolve my dispute is approximately seventy (70) days and I will be provided with feedback when the information becomes available. Should the transaction prove to be genuine, I authorize that my account can be debited with an ECD \$27.00 (relevant to account currency) administration charge.

(Cardholder Name)

(Signature as it appears on card)

FOR CARD SERVICES USE ONLY



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CARDHOLDER DETAILS

CONTACT NUMBER(S): _____

EMAIL ADDRESS: _____

STAFF DETAILS

Prepared by: _____
(Name of Staff)

(Signature of Staff)

Date Received: _____