

## ELECTRONIC CHANNEL DISPUTE FORM

CUSTOMER INFORMATION					
NAME	CONTACT #	CELL #			
	<u>_</u>				
ADDRESS					
CHANNEL	ABM/POS				
CREDIT CARD (INTERNET)					
TRANSACTION INFORMATION					
	ACCOUNT NUMBER				
(First 6 digits)	(Last 4 digits)				
USER ID	EMAIL ADDRESS				
CUSTOMER'S REPORT					
PLEASE ANSWER THE FOLLOWING QUESTION	NS:	YES NO			
1. WAS YOUR CARD LOST?					
2. WAS YOUR CARD STOLEN?					
3. WAS YOUR PERSONAL IDENTIFICATIO	N NUMBER (PIN) WITH THE CARD?				
4. a. WAS YOUR PIN WRITTEN ANYWHERE? IF YES, WHERE?					
b. WAS INTERNET BANKING PASSWO	RD WRITTEN ANYWHERE				
5. a. HAVE YOU EVER ALLOWED ANYON	NE ELSE TO USE YOUR CARD? IF SO, WHO?				
b. HAVE YOU ALLOWED ANYONE AC	CESS TO YOUR INTERNET BANKING ACCOUNT				
IF SO, WHO					

## ORIGINAL SIGNED BY CUSTOMER

## IF YOU ANSWERED "YES" TO #1 OR #2, PLEASE ANSWER THE FOLLOWING:

A. WHEN DID YOU FIRST REALIZE YOUR CARD WAS MISSING?

DATE	TIME	LOCATION				
DID YOU NOTIFY THE POLICE? YES NO						
STATION NAME						
i		i				

I declare that the foregoing is true and correct.

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I authorize National Commercial Bank Jamaica Limited to release to the police information relating to this transaction and agree to indemnify, release and hold the bank harmless in all actions, proceedings and claims and in respect of any damages, costs and expenses whatsoever in relation thereto.

I understand that:

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- i. provisional credits may be processed after submission of complaint
- ii. notwithstanding the <u>provisional credit</u>, NCB reserves the right to return the item up to twenty-one (21) days after presentation, if the claim is found to be invalid, at which time my account will be debited.

SIGNATURE

DATE

## INTERNAL USE ONLY (TO BE COMPLETED BY BANK OFFICIAL)

NAME OF CSR	BRANCH		E	LIABILITY	
				BANK CUSTOMER	
CARD NUMBER		DATE	TIME	REAS	ON CODE
(First 6 digits)	(Last 4 digits)				
RESOLUTION		DATE RESOLVE	D		
REIMBURSED	DECLINED				
·		1			:

EMPLOYEE SIGNATURE ID NO.