

Client dispute form

Name, Surname/ Company name

For individual: personal code or date of birth/ For company: registration number

Card number (last 4 digits)

XXXX - XXXX - XXXX -

Please solve the dispute with the following transaction:

Transaction date	Transaction authorization code	Merchant name	Amount	Currency
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Disputable deal description:

- I didn't receive the full requested cash from ATM
- I didn't receive the part of requested cash from ATM
- Disputed amount
- The same amount was withdrawn from my card account more than once
- I have neither made nor authorized the transactions above
- Neither me, nor any other authorized person have not received the ordered good/service
- The merchandise/services were paid for in cash or using a different payment card
- Other reason

By signing and providing this questionnaire I hereby certify that:

- *With my signature, I declare that all the information provided is true. I agree to cooperate with FINCI in the course of the investigation and to submit to FINCI all necessary documents, even if the amount of the contested transaction has already been repaid in my account.*
- *I am aware that FINCI cannot guarantee return the disputed amount.*
- *I am aware and agree that if, during the investigation, FINCI returns the amount of the disputed transaction to my account, but the investigation shows that the claim was not substantiated, FINCI has the right to deduct, without prior notice, the amount of the transaction and the fee for consideration of an unwarranted claim from any my account in accordance with the Fees. I am informed and agree that in the event of the submission of an unwarranted claim, FINCI has the right to withhold the fee in accordance with FINCI Fees.*

Date

Name, surname of the client: