|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dispute Resolution Form Chargeback Reference:\_\_\_\_\_\_\_\_\_\_\_\_**  **Transaction Information:** | | | | | |
| Acquirer’s Reference Data or Switch Serial Number: | | |  | | |
| Merchant Name: |  | | Transaction or Settlement Date: | |  |
| Transaction Amount: | |  | Disputed Amount: |  | |
| **Cardholder details:**  Cardholder full name: | |  | Identity number: |  | |
| Contact number: | |  | Email address: |  | |
| Wallet ID: | |  | Card Number: |  | |

**Complete Section A or Section B as applicable and Section C:**

**Section A**

**Cardholder Dispute Chargeback**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Cardholder Dispute (check one):** | | | | | | | | |
|  | Goods or services were not as described or defective, includes shipped merchandise received damaged or not suitable for its intended purpose or merchant didn’t honor the terms and conditions of a contract. | | | | | | | |
|  | Delivery date of the goods or services: | | |  | | | | |
|  | Goods or services were not provided | | | | | | | |
|  | Expected delivery date of the goods or services: | | | |  | | | |
|  | Digital goods were purchased totaling USD 25.00 or less and did not have adequate purchase controls | | | | | | | |
|  | Credit not processed | | | | | | | |
|  | Return or cancellation date: | |  | | | | | |
|  | Counterfeit goods alleged to be authentic were purchased | | | | | | | |
|  | Recurring transaction cancelled prior to billing | | | | | | | |
|  | Cancellation date: |  | | | | | | |
|  | Recurring agreement was not properly disclosed | | | | | | | |
|  | Addendum dispute | | | | | | | |
|  | “No-Show” hotel charge was billed | | | | | | | |
|  | Purchase transaction did not complete | | | | | | | |
|  | Timeshare agreement or similar service provision was cancelled within Mastercard time frame | | | | | | | |
|  | Credit posted as a purchase | | | | | | | |
|  |  | | | | | | | |
| **Cardholder Participation:** | | | | | | | | | |
| Did the cardholder participate in the transaction? | | | | | | Yes | No | | |
| **Section B**  **Point of Interaction (POI)**   |  | | --- | |  |   **Type of Point of Interaction (POI) Error (check one):** | | | | | | | |
|  | The cardholder was debited more than once for the same goods or services. | | | | | | |
|  | Alternate means of payment details: | | |  | | | |
|  | The cardholder was debited an incorrect amount. | | | | | | |
|  | The cardholder was billed for loss, theft, or damage in the same transaction as the underlying initial service. | | | | | | |
|  | The cardholder states that he or she was not given the opportunity to choose the desired currency in which the transaction was completed or did not agree to the currency of the transaction. | | | | | | |
|  | The merchant processed a credit (instead of a reversal) to correct an error which resulted in the cardholder experiencing a currency exchange loss. | | | | | | |
| **Section C**  **Dispute Details**  Describe the cardholder’s compliant in sufficient detail to meet the requirements for the chargeback as described in the *Chargeback Guide* and to enable all parties to understand the dispute | | | | | | | |
| |  | | --- | |  |   **Mastercard will determine whether this information contains sufficient detail.** | | | | | | | |

|  |  |  |
| --- | --- | --- |
| “The issuer certifies that it complies with Mastercard Bylaws, Rules, policies and operating regulations and procedures of Mastercard (the “Standards”), written agreements and privacy laws and regulations applying to the protection of personal data. The issuer agrees that the personal data collected may be used according to Mastercard Standards and Mastercard’s Global Privacy Notice on [http://www.mastercard.us/privacy/](http://www.Mastercard.us/privacy/). I certify that the facts were obtained from my discussion with the cardholder or the company/government agency representative on behalf of the corporate/government card cardholder and that the facts are accurate to the best of my knowledge.” | | |
|  |  |  |
| Customer Service/Chargeback Representative |  | Date |
| I certify that the information herein is accurate and complete. I hereby indemnify you, your employees or agents against any claim, loss or damages both direct and indirect, which may arise as a result of actions taken based on the information provided in this Dispute Form. | | |
|  |  |  |
| Cardholder Signature |  | Date |