JMMB Bank

PLEASE PRINT CLEARLY

CARDHOLDER INFORMATION		
First Name:	Middle Name:	Last Name:
Contact Number:	Email Address:	
Account Number:	Card Number **(first six and last four only)**:	

DETAILS OF TRANSACTION(S)
*Please attach additional sheet if required

Statement Date (mm/dd/yy)	Merchant Name / Bank and ATM Location (include terminal ID where possible)	Currency	Transaction Amount	Disputed Amount
		JMD ☐ TT ☐ USD ☐		
		JMD ☐ TT ☐ USD ☐		
		JMD ☐ TT ☐ USD ☐		
		JMD ☐ TT ☐ USD ☐		
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		JMD ☐ TT ☐ USD ☐		
		JMD ☐ TT ☐ USD ☐		
		JMD ☐ TT ☐ USD ☐		

Nature of Dispute

☐ I certify that the charges listed above were not made by me nor a person authorized by me to use my card. I did not receive any goods or services from this transaction nor did any person authorized by me.

☐ I certify I did not receive cash value for the transaction(s) listed however my account was charged.

☐ The dollar amount of the sale was increased from $ _____ to $ _____

   Please see copy of my sales slip attached which reflects the correct amount.

☐ I have never received the merchandise. I contacted the merchant on ____ / / ____ *(mm/dd/yy)* via **email/ letter** who agreed to issue a credit to my account, however to date my account has not been credited. **Please see a copy of my correspondence to the merchant**.

☐ All or part of the merchandise delivered to me was defective/damaged when received. I returned the merchandise on __ / / __ *(mm/dd/yy)* but have not received a credit for the amount of $_____. Please see statement attached detailing the defects of the merchandise and proof of return. Additionally, enclosed is an itemized list of merchandise received, the items returned and the cost of each.

☐ I notified the merchant on ____ / / ____ *(mm/dd/yy)* to cancel preauthorized recurring charges. **Please find a copy of my correspondence dated** _**/ /**_
   to the merchant. The merchant provided cancellation number (where applicable):   *(mm/dd/yy)*

☐ Other (**provide description and correspondence to support claim**)

Declaration

I, the undersigned applicant, acknowledge and agree that the information given by me is correct and JMMB, JMMB Bank and all other subsidiaries and affliates of JMMB Group Ltd. (collectively, the JMMB Group) are entities to rely on it.

Client Signature	Date (mm/dd/yy)

FOR INTERNAL USE ONLY

Received by:	Signature:	Date (mm/dd/yy)
UCIN:		
Scanned by:	Signature:	Date (mm/dd/yy)