



CARD TRANSACTION DISPUTE FORM

Instructions for Principal Cardholder to Complete this Card Transaction Dispute Form ("Form").

- In case of fraudulent or suspicious transaction(s), you should immediately BLOCK your card by sending 'BLK' through SMS to 2326 from your mobile number registered with Finance House PJSC ("FH") or by calling our 24x7 Call Center on 600 511114 or +971-2-6194000.
- Please complete this Form, attach all supporting documents and either submit to nearest FH branch or e-mail to contactcenter@fh.ae within 14 days from your statement generation date, otherwise the transaction will be considered correct.

Please Provide Details of Card on Which Transaction is Being Disputed

Card Number: - * * * - * * * -

Name on Card:

CIF No.: Mobile No.: Landline No.:

Please Provide Details of The Transaction(s) that you are Disputing

| Sr. No. | Transaction Date | Merchant Name (as it appears on your FH Card Statement/SMS Notification) | Billed Amount (AED) |
|---------|------------------|--|---------------------|
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Note: In case disputed transactions are more than three, please attach your statement and highlight the transaction.

Please Tick The Option that Best Describes your Dispute (Please Tick Only One Option Below and Attach Supporting Documents)

- I did not perform or authorize the above transaction(s) (Please tick one of the following choices):
 Card was in my possession all the time Card was lost on dd / mm / yy Card was stolen on dd / mm / yy
- I was billed the wrong amount. (Please attach a copy of your transaction receipt)
- My Card account has been charged twice for the same transaction.
- I have already paid for the transaction(s) by other means of payment. (Please attach proof of payment by cash / credit card / cheque / etc.)
- I ordered goods/services related to the above transaction and I have not received the goods/services. (Please attach receipt of expected date of delivery of goods/services)
- All or part of the goods delivered to me were defective or damaged. I returned the goods on dd / mm / yy but have not received the refund of the transaction. (Please attach proof of communication with the merchant requesting for the refund)
- I received a refund/credit on the above transaction but the refund/credit has not yet been applied to my Card account.
(Please attach copy of Credit Slip/Credit Voucher received from the merchant)
- I cancelled hotel / travel reservation on dd / mm / yy but charges are shown in the statement. (Please attach proof of communication with the merchant for cancellation of the reservation)
- I cancelled above transaction/recurring membership/subscription on dd / mm / yy but my Card account is still being charged. (Please attach proof of merchant's confirmation of membership cancellation)
- The above ATM transaction is incorrect. Amount requested AED Amount received AED
- Other – Please specify details below.

Principal Cardholder's Declaration and Signature

- I agree and acknowledge that:
 - the information/details provided above are true, accurate and complete;
 - dispute resolution may take 60 - 180 days and the decision will be final;
 - upon investigation by FH, should it transpire that the above claim is not genuine in nature; I shall be liable for investigation by the parties authorized by FH or otherwise and shall pay FH an investigation fee for each disputed transaction;
 - any amount temporarily credited to my card account is provisional pending final outcome of investigations and that FH reserves the right to reverse it.
- I hereby irrevocably undertake to indemnify and hold FH harmless against any loss, cost, action, expense, damage and / or liability ("Liability") whatsoever arising from any of the disputes included in this Form. I undertake to pay for any such Liability immediately on demand of such payment.
- I understand that while the dispute is under examination, I will be required to pay my monthly dues as per my statement and failure to do so will result in penalty charges as per the Schedule of fees and charges.
- FH reserves the right to reject this Form in case it is incomplete or no supporting documents are provided or are insufficient.

Principal Cardholder's Signature: Date: dd / mm / yy