

ATM / POS Dispense Error Reimbursement Request Form

Please Provide The Following Information

Date of Transaction / / Time of Transaction

Customer Name

Surname First Name Other Names

Card Number Account Number

(Please specify the first six and last four digits ONLY)

Phone : E-mail Address

Transaction Type: ATM POS RECHARGE OTHERS (Pls specify)

Dispense Error Type Non Dispense Partial Dispense OTHERS (Pls specify)

Bank/Location: Transaction Amount: Total Amt (N)

Total Amt in words

Kindly investigate this and credit my account.

Cardholder's Name Signature & Date

FOR BANK USE ONLY

CCO: Name, Signature & Date BM/Back-Up: Name, Signature & Date

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