

Application for Disputed Transfer / Deposit



Date: DD - MM - YYYY

Branch (filled by Bank):

SECTION 1 CLAIMER DETAILS

Full Name:
ID / Passport No.: Date of Birth:
Address:
Phone No.: E-mail:
ABA Account No. (if any): ABA Account Type (if any):

SECTION 2 TYPE OF DISPUTE (tick one of them and fill details where you know)

1. Transferred funds to a wrong account through ABA Mobile
 2. Transferred funds to a wrong account through ABA iBanking
 3. Deposit funds to a wrong account through ATM
 4. Deposited funds to a wrong account through Cash-in machine/CRM
 5. Deposited funds to a wrong account over the counter
 6. Other (Please Specify):

Receiver's Account No. : (Printed on receipt)
Intended Account No.:
Intended beneficiary Phone:
ATM / Cash-in Machine Location:

Receiver Name: (Printed on receipt)
Intended Receiver Name:
Intended beneficiary E-mail:

SECTION 3 TRANSACTION IN DISPUTE

1 Date: Time: AM PM Transaction Amount: Disputed Amount:
Reference No.: Description:

2 Date: Time: AM PM Transaction Amount: Disputed Amount:
Reference No.: Description:

3 Date: Time: AM PM Transaction Amount: Disputed Amount:
Reference No.: Description:

Please provide us a copy of statement where the transaction(s) appears and any supporting documents for your claim.

SECTION 4 DETAILS IN DISPUTE

Give us details of why the transaction(s) is being or what aspect is being disputed. Specific any relevant surrounding circumstances

SECTION 5 FEES AND CHARGES

I/We agreed to pay processing fee imposed by the ABA with fee amount of and agree that such a fee is not refundable.
The payment is made through Cash Or Account (please fill your below account number and name)
Account No. : Account Name:

DECLARATION:
By signing on this form, I/We, the claimer, certify that information provided above is true and correct. The transaction(s) is truly a confusion of transfer/deposit to wrong beneficiary's account. I/We acknowledge that it is an offense if I/We commit any fraud or cheating. ABA may refers false claim to police for action. I/We will be responsible by applicable laws. I/We agree the Bank debit any fee and to receive the returned amount less applicable fee charges (if any).

Signature and Date

SECTION 6 FOR BANK USE ONLY

FRONT OFFICE

Form is completed
 All evident & are checked and validly verified
Dispute Received by:
Signature:

Verified & Blocked on date:
 Sent to DRU on date:
Fund Blocked by:
Signature:

Registered on date:
 Action on date:
Handled by:
Signature: