

# Claim Form



**To: National Bank of Kuwait  
Chargeback & Dispute Resolution**  
**Tel: 1801801 (Call center)**  
**Fax: +965 22443979 (Chargeback)**

Dear Sir / Madam,

I am disputing the attached listed/marked transaction(s) for the following reason. Request you to investigate and reverse the same to my Card/Account.

**Card No.:** \_\_\_\_\_ **A/C No.:** \_\_\_\_\_

**Name:**

- |   |  |
|---|--|
| <input type="checkbox"/> Require copy of signed sales slip  | <input type="checkbox"/> Processing error<br>(Attach error slip or any other proof received from the Merchant)   |
| <input type="checkbox"/> Duplicate Transaction (Attach receipt for correct transaction)   | <input type="checkbox"/> Paid by other means<br>(Attach proof of other payment method)   |
| <input type="checkbox"/> Credit / Refund not received<br>(Attach copy of refund voucher/ or email confirmation from Merchant)   | <input type="checkbox"/> Merchandise / Service not received<br>(Attach all documents related to the ordered and correspondence with the merchant on non-receipt of merchandise/services) |
| <input type="checkbox"/> Requested cash not received at ATM   | <input type="checkbox"/> Cancelled recurring transactions<br>(Attach proof of cancellation)  |
| <input type="checkbox"/> Fraud - Did not authorize or participate, the card was in my possession at the time of transaction/s.<br>(Attach copy of Passport all pages, close the card as fraud & attach Plastic card with the claim) | <input type="checkbox"/> Others  |
| <input type="checkbox"/> Fraud on Lost or Stolen card   |  |

**Comments:**

By signing below, I am authorizing the National Bank of Kuwait to pursue legal recovery proceeding and to report the marked transaction(s) and other information / details with regards to my account to any government and / or police authorities to investigate the validity and correctness of the disputed transaction(s). I am also authorizing the National Bank of Kuwait to debit the disputed transactions if they were confirmed to be done with my knowledge.

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Tel./Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Official Use Only

Case #- \_\_\_\_\_

Received by: \_\_\_\_\_

(staff name stamp)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_