



ARBITRATION FORM

| | |
|--|---|
| Terminal (Please tick) | ATM <input type="checkbox"/> POS <input type="checkbox"/> WEB <input type="checkbox"/> OTHERS <input type="checkbox"/> |
| Reporting Location (Branch code) | |
| Reporting Officer's Name | |
| Reporting Officer's GSM | |
| Name on Card (if any) | |
| Account Number | |
| Customer's phone | |
| Customer's Email | |
| Card Number (First 6 digits) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Card Number (Last 4 digits) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Transaction Amount | |
| Transaction Date (dd/mm/yyyy) | |
| Transaction Time (hr:min:sec) | |
| ATM/POS Terminal Owner & Location | |
| Complaint Description | |
| Reporting Date & Customer's Signature | |