



CARD COMPLAINT FORM

PERSONAL DETAILS

Name _____

Phone Number _____ Email Address _____

Account Number

Card Number

Card Programme VISA EAZYPAY GTW/CRUZ/KUDI E-ZWICH OTHER

S/N	TRANSACTION DATE	MERCHANT/BANK NAME	TRANSACTION AMOUNT	LOCATION
1				
2				
3				
4				
5				

- I have tried to withdraw cash but cash was not dispensed (ATM slip copy enclosed.)
- I did not authorize this transaction. My card was in my possession at the time of the transaction and at all times.
- I performed this ATM transaction; however I did not receive the correct amount of cash. I requested for _____ and only received _____. (Attached are the ATM receipts.)
- I was charged _____ but I should have been billed _____. Please find attached a copy of my sales slip showing the correct amount that should have been charged.
- I only authorized one transaction at the following merchant _____ dated _____ referenced _____ the following transactions reference _____ were not authorized.
- I cancelled the goods/services I ordered with this merchant on _____. I was provided with cancellation number _____
- Other _____

Cardholder Declaration

I hereby declare that

- All information provided above is true to the best of my knowledge
- I hereby authorize Zenith Bank [Ghana] Limited to investigate/correct the transaction (s) in dispute.
- I understand that the investigation may take between 7-180 days (or more if pre-arbitration/arbitration is required) for resolution.

Customer's Signature _____

Date _____

OFFICIAL USE ONLY

CSU Officer _____ Signature _____ Date _____

Branch Head _____ Signature _____ Date _____

(CARDS SERVICES USE ONLY)

P&D Officer _____ Signature _____ Date _____

Remarks _____

Settlement Officer _____ Signature _____ Date _____

Remarks _____

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