



CARD TRANSACTIONS DISPUTE PROCESSING FORM

PLEASE COMPLETE THIS FORM, PRINT AND DROP AT YOUR NEAREST I&M BANK BRANCH

DATE: _____

THE BRANCH MANAGER,
I&M BANK LIMITED,
BRANCH: _____

CARDHOLDER'S INFORMATION

Cardholder Name	
Card Number	
Account Number (For I&M Bank customers)	

DETAILS OF DISPUTED TRANSACTION(S)

Transaction Date	ATM or Merchant Name	Transaction Amount (KES)	Remarks

REASON(S) FOR TRANSACTION(S) DISPUTE: (TICK AS APPROPRIATE)

- 1.0 I did Not Participate or Authorize the transaction and the Card was in My Possession at the time of transaction
- 2.0 I did Not Participate or Authorize the transaction and the Card had been Reported Lost/Stolen to the Bank
- 3.0 I only did One Transaction but my Account has been charged more than once – Card was in my possession and had not been reported Lost or Stolen to the Bank (Enclose the Transaction Receipt)
- 4.0 The Transaction Amount on my receipt differs from the amount charged in my Account Statement - Enclose Copy of Transaction Receipt
- 5.0 I did not receive the requested Cash Amount from the ATM – Amount Requested _____, Amount Dispensed _____
- 6.0 I have cancelled the goods/services but my Card Account has been Debited – Attach Copy of Cancellation Receipt
- 7.0 The Merchant issued a Refund but it has not been credited to my Card Account – Attach Copy of Refund Receipt
- 8.0 I paid by Other Means i.e. cash /another card – Attach Copy Receipt of Payment by other means
- 9.0 I have not received the ordered goods/services within the delivery date – Attach copy of the Order Confirmation and specify the agreed date of delivery
- 10.0 Others (Please Specify)

CARDHOLDER INDEMNITY

I confirm that the information given above and all enclosures herein is correct and I indemnify the bank against any charges or costs that may arise out of its action in reliance of the said information.

In consideration I&M Bank crediting my card account number _____ with the disputed card transaction(s) amounts and charges as detailed above, I undertake to fully indemnify I&M Bank against all scheme and bank claims, demands, losses, costs, damages, liabilities or expenses whatsoever which I&M Bank may at any time incur, sustain or suffer as a result of crediting my card account with the disputed card transaction(s) amounts. I&M Bank reserves the right to recover the full amount credited and I hereby authorize I&M Bank to recover the said amounts and any charges thereof and I agree to reimburse the Bank in full, upon demand, for all payments, losses, costs, damages, liabilities and expenses made, suffered or incurred by I&M Bank as a consequence thereof or arising therefrom.

I acknowledge that the provisions herein are in addition to and are not exclusive of any other terms and conditions set out in any agreement or document entered into or exchanged with I&M Bank which may apply in respect of the matters in respect of the card transactions.

Cardholder Signature: _____

Date: _____

CARDHOLDER INDEMNITY

BRANCH VERIFICATIONS:

Cardholder No.	
Bank Account No.	
Account Balance as at date (Kshs)	
Account Type (Premium/Standard)	
Years Account in Existence	
Branch Recommendation	

VERIFICATION BY:

Name	
Date	
Signature	

Where this form has been emailed to you for completion, please complete appropriately, sign and email back to customer@imbk.co.ke

For any assistance, please call us on +254 020 3221000, 0719 088 000, 0732 100 000