



Electronic Disputed Transaction form

SL 16

Customer's Information

		Date:	Branch:
First Name:	Last Name:		
Mobile:	Phone:		
Email:	Branch:		
Membership Number:	Poro Card Number:		

Transaction Information

Date:	Time am/pm:	Amount (K):
Source of Transaction: <input type="radio"/> ATM <input type="radio"/> EFTPOS	Merchant Name:	
Location: <input type="radio"/> BSP <input type="radio"/> ANZ <input type="radio"/> WESTPAC <input type="radio"/> KINA		

Customer's Dispute Explanation

Date:	Signature:
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Important: It is a MUST to attach a copy a valid ID and a copy of the Cardholder's disputed transaction receipt or a bank statement copy.

Office Use:

Officer's Name:	<input type="radio"/> Amount Statement	Signature:
Date Received:	<input type="radio"/> EFTPOS Receipt	
Disputed Number:	<input type="radio"/> ATM Receipt	
Terminal Number:		