Digital Services
a BSP haus, Level 2, Harbour City, Port Moresby
p 207 2000 e callcentre@ncsl.com.pg
ncsl.com.pg

Electronic Disputed Transaction form

SL 16

Customer's Information

Date:

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

Transaction Information

Date:	Time am/pm:	Amount (K):

Source of Transaction: ○ ATM ○ EFTPOS	Merchant Name:

Location: ○ BSP ○ ANZ ○ WESTPAC ○ KINA

Customer's Dispute Explanation

Date:	Signature:

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:	○ Amount Statement	Signature:
Date Recieved:	○ EFTPOS Receipt	
Disputed Number:	○ ATM Receipt	
Terminal Number:		