



JANATA BANK PLC.

Branch Name :

Dispute Claim Form

Date :

Dispute Transaction Details

Card Holder Name												
Card Number (First 6 & Last 6 digit)								*****				
Account Number (13 digit online no.)												
Dispute Amount												
Transaction Type	☐ ATM ☐ POS											
Transaction Date												
Transaction Time (hour:min)												
Acquiring Bank Name (ATM/POS)												
Merchant/Shop Name (for POS)												
Transaction Description (if any)												
Card Holder Mobile Number												

Yours faithfully

Signature

Note: Please fill up this form and send mail to cmddispute@janatabank-bd.com

