



Date:/...../.....

DISPUTE/ CHRAGEBACK REQUEST FORM

Card Number:

Card Holders Name:.....

Phone Number:.....

E-mail Address:.....@.....

Adress:.....
.....

Transaction Date Correspondent Bank (ATM/ POS/WEB owner) Transaction Amount

- 1-
- 2-
- 3-

If the number of transactions you dispute/ request chargeback is more than three, please add the transaction details to the form.

I object to the transactions made with my card, the information of which was given above. The reason for objection stated below. Please conduct the necessary investigations and inform my side.

Card Holder's Signature

.....
.....

Tick the box that matches the reason for your dispute. If you have more than one, tick the boxes that match each dispute.

My card has been lost/ stolen on/...../ and I did not participate/ authorize the disputed transaction

Neither me nor someone I authorized executed or authorized the disputed transaction

I have not received the goods/services which I should have received by/...../.....

Tell us the details of the goods/ services you have not received:.....

Please send us all supporting evidence (screenshot, order number, order form, merchant correspondence, etc)

I tried to reach out to the Merchant regarding my dispute via:

Phone E-mail Other

I couldn't contact the Merchant

The Merchant refused my claim (Tell us the reasons of the Merchant)

.....
...

I have been charged more than once for the transaction and I didn't get refund form the Merchant (Please add any supporting evidence)

Other:

.....
.....

Please tell us the details of your dispute/ chargeback claim and provide any supporting evidence

After completing and signing this form, please send an e-mail to itiraz@ep.turkpara.com.tr or fax it to (850) 455 88 75.